Name (Print)

(4-15)						
	S GOVERNMENT			DO NO	WRITE IN TH	IIS SPACE
	RELATIONS BOARD		Case No.	CILVE TO DAME	Date	Filed
	TITION		105-KC	-2123	12 0	1-02-18
INSTRUCTIONS: Unless e-Filed us	ing the Agency's web	site, <u>ww</u>	w.nlrb.gov, submit a	n original of this	Petition to	an NLRB office in the Region
in which the employer concerned	is located. The petition	on must i	be accompanied by I	both a showing o	of interest (s	see 6b below) and a certificate
of service showing service on the	employer and all othe	er parties	named in the petition	on of: (1) the peti	tion; (2) Sta	tement of Position form
(Form NLRB-505); and (3) Descrip	tion of Representation	Case P	rocedures (Form NLI	RB 4812). The s	howing of it	nterest should only be filed
with the NLRB and should not be	served on the employ	er or any	other party.			
requests that the National Labor Rela	estrea to be certified as rep	resentative er its prop	of the employees. The life authority pursuant to	Petitioner alleges to Section 9 of the N	nat the follow ational Labor	ng circumstances exist and Relations Act.
2a. Name of Employer Bering Sea Enviromental		2b. Add	Thimble Shools Bu	(s) involved (Street	and number, c	ty, State, ZIP code)
3a. Employer Representative - Name and	THE	TOOOD	3b. Address (If same as	The second secon	iewport ive	ws, Virginia 23606
Cim Smith	1110	1	Same	SD - SCHIA SQUIA)		
3c. Tel. No.	3d. Cell No.		3e, Fax No.		3f. E-Mel Ad	drass
757-223-1446	757-749-9128	į	757-223-4141			beringseagroup.com
4s. Type of Establishment (Factory, mine,			uct or service		5a. Cit	y and State where unit is located:
DOD	Gover	nment	Services		Virgin	ia Beach, VA
5b. Description of Unit Involved	Toch II Tech III Toc	h IV on	d Took V			8a. No. of Employees in Unit:
Included: All full time Engineering Instrumentation Tech II	& Tech III Flectronic	Tech III	Mission Coordinate	or FW Pod Teci	h 11	6b. Do a substantial number (30%
						or more) of the employees in the
Excluded: All other employee	es, guards and s	superv	isors as define	a by the AC	1	unit wish to be represented by the Petitioner? Yes V No
Check One: 79. Request for re	rognition as Bamaining Re	oresentati	ve was made on (Date) 1	2/20/2017	nd Employer de	clined recognition on or about
	(Date) (If no repi				er cubole of	office (boogs) from on a con-
7b. Petitioner is c	urrently recognized as Barg	aining Re			Act.	
8a. Name of Recognized or Certified Bar	gaining Agent (If none, so	state).	8b. Address			
None 8c. Tel No.	8d Cell No.		Be. Fax No		8f. E-Mail Ac	dress
8g. Affiliation, If any		1	8h. Date of Recognition or Certification		8l. Expiration Date of Current or Most Recent Contract, # any (Month, Day, Year)	
9. Is there now a strike or picketing at the E	mninyar's astablishments	involved?	No If so approx	imately how many a	molovées are o	participatino?
			The state of the s			
(Name of labor organization)						nd other organizations and individuals
known to have a representative interest in a	any employees in the unit d	escribed in	item 5b above. (Il none,	so state)	7000111111100	
10e. Name	10b. Address			10c. Tel. No.		10d. Cell No. 1775-232-2843
Eria Paniamia	EEAC Varra Valle	ou Aug I s	as Vegas, NV 89139	775-232-2843 10e. Fex No.		10f. E-Mail Address
Eric Benjamin	3510 Tarra Valle	By Ave Lo	18 vegas, 14v 65136	702-776-6075		ebenjamin@cwa-union.org
11. Election Details: If the NLRB conduct any such election.			position with respect to	11a. Election Type		Maw Mixed Manuel/Mall
11b. Election Date(s): 11c. Election Time(s):			11d. Election Location(s): Employee Break Room			
-29-2018 1 pm- 4 pm 12s. Full Name of Patitioner (including local name and number)				12b. Address (street and number, city, state, and ZIP code)		
Fric Benjamin				5510 Yarra Valle		
12c. Full name of national or international la oternational Union of Electronic, Elect	rical, Salaried, Machine	Petitioner i and Furn	iture Workers-CWA Af	t (If none, so state) FL-CIO		
12d. Tel No. 12e. Cell No. 12f. Fax		12f. Fax No. 702-776-6075		12g. E-Mail ebenjamin@	Address Powa-union.org	
775-232-2843 13. Representative of the Petitioner who	775-232-2843	papers to		entation proceeding		
		1	13b. Address (street and)
13a. Name and Title Eric Benjar	THE		\$510 Yarra Valley Ave Las V			
13c. Tel No.	13d. Cell No.		136. Fax No.		13f. E-Mail	Address Pcwa-union.org
775-232-2843 I declare that I have read the above pelif	775-232-2843	nte are tru	702-776-6075 a to the best of my know	viedge and belief	lood danie	otta billottorig
I DECIME THEIL I HEAR LESS! THE MOOAS DOIN	TOU WILL GIGT THE WITHOUTHOU	nia nn	2 110 Mart 01 111) Kilon			

Eric Benjamin WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

International Representative

Oate

12-29-2017

PRIVACY ACT STATEMENT

Title

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT	WRITE IN THIS SPACE
Case No. 05-RC-212374	01/02/2018

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargeining by Petitioner and Petitioner dealres to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 7469 W. Lake Mead Blvd Suite 100 Las Vegas, NV 89128 JanTec 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title Belinda Hines 3d Cell No 3c. Fax No 3f. E-Mail Address 3c. Tel. No. 702-870-5200 ext 108 702-870-5320 bhines@jantec-inc.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service DOD Government Services Virginia Beach, VA 5b. Description of Unit Involved 8a, No. of Employees in Unit: Included: All full time Supply Tech and Shipping Clerks 8b Do a substantial number (30% or more) of the employees in the Excluded: All other employees, guards and supervisors as defined by the ACT unit wish to be represented by the Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date) 12/29/2017 and Employer declined recognition on or about Check One: (Date) (if no reply received, so state). NO FODIV 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None Sc. Tel No. 8d Cell No. 8e. Fax No 8f E-Mail Address 8h. Date of Recognition or Certification 8g. Affiliation, If any Bl. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b Address 10c Tel No 10d. Cell No. 775-232-2843 775-232-2843 Eric Benjamin 5510 Yarra Valley Ave Las Vegas, NV 89139 10e. Fax No. 10f. E-Mail Address 702-776-6075 ebenjamin@cwa-union.org 11 Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: V Manual Mixed Manual/Mail Mail F any such election 11b Election Date(s) 11c Election Time(s): 11d Election Location(s) 1-29-2018 1 pm- 4 pm Employee Break Room 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (Including local name and number) 5510 Yarra Valley Ave Las Vegas, NV 89139 12c. Full name of national or international labor organization of which Pelitioner is an affiliate or constituent (if none, so state) International Union of Electronic, Electrical, Salaried, Machine and Furniture Workers-CWA AFL-CIO 12d Tel No. 12e. Cell No. 12f, Fax No. 12g. E-Mail Address 775-232-2843 775-232-2843 702-776-6075 ebenjamin@cwa-union.org 13. Representative of the Petitionar who will accept service of all papers for purposes of the representation proceeding 13a, Name and Title Eric Benjamin 13b. Address (street and number, city, state, and ZIP code) 5510 Yarra Valley Ave Las Vegas. NV 89139 13d. Cell No. 13c. Tel No 13a, Fax No 13f. E-Mail Address 775-232-2843 775-232-2843 702-776-6075 ebenjamin@cwa-union.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date International Representative Eric Benjamin 12-29-2017

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRI	TE IN THIS SPACE
Case No. 5-RC - 212491	Oate Fited 4 18

	ETITION			- 91944		114118
INSTRUCTIONS: Unless e-Filed	using the Agency'	s website, <u>w</u> v	<u>vw.nirb.gov,</u> <mark>subm</mark> it a	an original of this	Petition to a	n NLRB office in the Region
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate						
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form						
(Form NLRB-505); and (3) Desc				RB 4812). The sl	howing of in	terest should only be filed
with the NLRB and should not l	e served on the en	nployer or an	y other party.		L	d for a second s
1 PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition	-CENTIFICATION OF H or desires to be certified	as representativ	ve of the employees. The	Potitioner alleges th	at the following	a for purposes of collective
requests that the National Labor F	elationa Board proces	d under its pro	per authority pursuant to	Section 9 of the Na	stional Labor F	leistions Act.
2s. Name of Employer AECOM			dress(es) of Establishmen Robin Hood Road			
3a. Employer Representative - Name	and Title		3b. Address (If same as		, ****E	<u> </u>
Dennis Krupp			Same	235		
3c, Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	
757-747-7722			702-870-5320		10107 1 10 10 10 10 10 10 10 10 10 10 10 10 1	pp@aecom.com
4a. Type of Establishment (Factory, mill DOD	ne, wholesaler, etc.)	4b. Principal pro Rovernment			100000000000000000000000000000000000000	and State where unit is located: a Beach, VA
5b. Description of Unit Involved Included: All full time Engine	oring Tech II Tec	ch III Tech	IV and Tach V Inc	trumentation T	ech II &	6a. No. of Employees in Unit:
Tech III, Electronic	Tech III. Mission	Coordinate	or FW Pod Tech II		our ii a	6b. Do a substantial number (30%
Excluded: All other employ					Т	or more) of the employees in the unit wish to be represented by the
All other employ	rees, guarus a	and super	visors as deline	d by the AC	1	Petitioner? Yes V No
Check One: 7a. Request f	or recognition as Bargai	ning Representa	tive was made on (Date) 1	2/29/2017 an	d Employer de	clined recognition on or about
no rep	Oate) (II	no reply receive	o. so state). no reply	1		
8a. Name of Recognized or Certified			epresentative and desires	certification under the	Act.	
None	pergeming waste in n	one, so surej.	ob. Addless			
8c. Tel No.	8d Cell No.		8e. Fax No.		Br. E-Mail Ade	dress
8g. Affiliation, if any	- 4		8h. Date of Recognition o	r Certification		Date of Current or Most Recent by (Month, Day, Year)
		1			Comiaci, was	ly (MONIII, Day, Tear)
9. Is there now a strike or picketing at the	e Employer's establishr	ment(s) involved	7 No If so, approx	(imately how many er	nployees are p	articipating?
(Name of labor organization)		, has pick	seted the Employer since (Month, Day, Year)		
10. Organizations or individuals other th	an Petitioner and those	named in Items	8 and 9, which have claim	ed recognition as rep	resentatives ar	d other organizations and individuals
known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None						
10a, Name	10b, Addre	995		10c. Tel. No.		10d. Cell No.
				775-232-2843		775-232-2843
Eric Benjamin	5510 Yarr	a Valley Ave L	as Vegas, NV 89139	10e, Fax No. 702-776-6075		10f. E-Mail Address ebenjamin@cwa-union.org
 Election Details: If the NLRB cond any such election. 	DIMEDITION SWIFT FOR THE		r position with respect to	11a, Election Type	-	Mail Mixed Manual/Mail
11b, Election Date(s): 1-29-2018	11c. Elec 1 pm- 4 p	ction Time(s): om		11d, Election Location(a): Employee Break Room		
12a. Full Name of Petitioner (including local name and number) Eric Benjamin			12b. Address (street and number, city, state, and ZIP code) 5510 Yarra Valley Ave Las Vegas, NV 89139			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (<i>If none, so state</i>) International Union of Electronic, Electrical, Salaried, Machine and Furniture Workers-CWA AFL-CIO						
		12f. Fax No. 702-776-6075		12g. E-Mail A ebenjamin@	ddress cwa-union.org	
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.						
13a. Name and Title Eric Benjamin			13b. Address (street an 5510 Yarra Valley Ave Lee V		and ZIP code)	
13c. Tel No. 775-232-2843	13d. Cell No. 775-232-2843		13e. Fax No. 702-776-6075		13f E-Mall A ebenjamin@	ddress cwa-union.org
I declare that I have read the above p		atements are tru		vledge and ballef.	,	
Name (Print)	Signature		Title		Date	2.18
Eric Benjamin		>	International Represe	ntative	1-4	-2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES GOVERNMENT

DO NOT WRITE IN THIS SPACE

Date

1/9/2018

	R RELATIONS BOX	ARD	Case No.		Date	Filed
RC PE	TITION		05	-RC-212684		01/09/2018
INSTRUCTIONS: Unless e-Filed union which the employer concerned of service showing service on the (Form NLRB-505); and (3) Description with the NLRB and should not be	I is located. The eemployer and ption of Repres eserved on the	e petition musi all other partie entation Case employer or an	t be accompanied by less named in the petition Procedures (Form NL) By other party.	both a showing of int on of: (1) the petition RB 4812). The show	terest (se ; (2) State ing of int	e 6b below) and a certificate ement of Position form erest should only be filed
PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner requests that the National Labor Re	CERTIFICATION OF	REPRESENTATied as representations as representations are representations.	IVE - A substantial number ive of the employees. The oper authority pursuant to	Petitioner alleges that the Section 9 of the Nation	ie following al Labor R	g circumstances exist and elations Act.
2a. Name of Employer /eritiv		2b. A	ddress(es) of Establishmen S. 10th Street Suite	t(s) involved (Street and re B Lemoyne, PA 1	umber, city	; State, ZIP code)
3a. Employer Representative – Name a Ray Hower Jr., Distribution M	_{ind Title} lanager		3b. Address (If same as same			
3c. Tel. No. 717-612-6100	3d. Cell No.		3e. Fax No.	3f.	E-Mail Add	
4a. Type of Establishment (Factory, mine Distribution Warehouse	, wholesaler, etc.)	4b. Principal pro Institutional				and State where unit is located: ne, PA
5b. Description of Unit Involved Included: all warehouse workers	including but r	not limited to o	rder selectors, receive	ers, lift drivers, loade	ers,	6a. No. of Employees in Unit: 43
inventory control, lift n Excluded: all management emplo defined in the Act.	nechanics/build	ing maintenan	ce			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
no reply 7b. Petitioner is	(Date) currently recognize	(If no reply receive ed as Bargaining F	Representative and desires		******	lined recognition on or about
8a. Name of Recognized or Certified B None	argaining Agent (f none, so state).	8b. Address			4
8c. Tel No.	8d Cell No.		8e. Fax No.	8f.	E-Mail Add	ress
8g. Affiliation, if any			8h. Date of Recognition o			Date of Current or Most Recent by (Month, Day, Year)
9. Is there now a strike or picketing at the (Name of labor organization)		, has pic	cketed the Employer since (Month, Day, Year)		articipating?
10. Organizations or individuals other that known to have a representative interest	in Petitioner and the n any employees in	ose named in items the unit described	s 8 and 9, which have claim I in item 5b above. (If none	ned recognition as represe , so state)	ntatives an	d other organizations and individuals
10a. Name	10b. Ac	idress		10c. Tel. No.		10d. Cell No.
			· ·	10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB condu any such election. 	ucts an election in th	nis matter, state yo	our position with respect to	11a. Election Type:		Mail Mixed Manual/Mail
11b. Election Date(s): January 30, 2018	8:00 a		9:00pm-10:00pm	11d. Election Location Employee Conferen	ce Room	
12a. Full Name of Petitioner (including Teamsters Local Union No. 776				2552 Jefferson Stre	nd number, et Harrisb	city, state, and ZIP code) ourg, PA 17110
12c. Full name of national or international International Brotherhood of Team	al labor organization sters	of which Petitions	er is an affiliate or constitue			
12d. Tel No. 717-233-8766	12e. Cell No.		12f. Fax No. 717-233-6023		g. E-Mail A	ddress
13. Representative of the Petitioner w	ho will accept ser	vice of all papers				
13a. Name and Title Mark Cica	ık, Organiz	zer	13b. Address (street ar 2552 Jefferson Street F			
13c. Tel No. 717-233-8766	13d. Cell No. 717-645-267	4	13e. Fax No. 717-233-6023		f. E-Mail Airkcicak@	ddress gmail.com

Name (Print) Mark Cicak Organizer WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Signature

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No. 5-RC-212931

Date Filed

DO NOT WRITE IN THIS SPACE

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 1110 Bonifant Street, #301, Silver Springs, MD 20910 Financial & Reality Services, LLC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Same Claude Gregory, Plant Manager 3e. Fax No. 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 301-650-9117 301-650-9112 5a. City and State where unit is located: 4b. Principal product or service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Silver Springs, MD Material Handling/Logistics Wharehouse 6a. No. of Employees in Unit: 5b. Description of Unit Involved 15 Included: All Full Time and Part-time Wharehouse Specialists. 6b. Do a substantial number (30% or more) of the employees in the Excluded: Office clerical, professional, managerial, guards and supervisors as defined in the Act. Petitioner? Yes V No and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: (Date) (If no reply received, so state). Petition is demand for recognition. 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f F-Mail Address 8d Cell No. 8e. Fax No. 8c. Tel No. 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c Tel No. 10d Cell No 10a. Name 10b. Address 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 7:00am to 8:00am or 2:15pm to 3:15pm Employee Breakroom ASAP 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 2600 Cabover Drive, Ste. N, Hanover, MD 20176 International Association of Machinists and Aerospace Workers, AFL/CIO, District Lodge 4 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL/CIO 12g. E-Mail Address 12f, Fax No. 12e. Cell No. 12d Tel No. brjcompher@yahoo.com 410-426-6664 410-487-6919 443-255-5149 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Rick Compher, DBR 2600 Cabover Drive, Ste. N, Hanover, MD 20176 13f. E-Mail Address 13d. Cell No. 13e, Fax No. 13c. Tel No. brjcompher@yahoo.com 443-255-5149 410-426-6664 410-487-6919 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Title Name (Print) Signature January 11, 2018 Grand Lodge Representative William Rudis

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE			
Case No. 5-RC-213087	Date Filed 1/17/18		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2400 6th St NW Howard University Washington 20059-0002 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2400 6th St NW DC Washington 20059-0002 Letitia Silas 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (202) 806-2656 Letitia.silas@howard.edu (202) 806-6357 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: University Washington, DC 5b. Description of Unit Involved 6a. No. of Employees in Unit: 105 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 2225 Georgia Ave NW DC Washington 20059-1014 Metropolitan Campus Police Officers Union Latare Whitake 8c Tel No 8d Cell No 8e. Fax No 8f. E-Mail Address (202) 257-7327 (202) 257-7327 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 2/1/18 11c. Election Time(s): 11d. Election Location(s): Howard University 2400 Sixth St NW Washington, DC 20059 6:30 to 8:00 am 2:30 to 4:30 pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Steve Maritas
Law Enforcement Officers Security Unions LEOSU-DC, LEOS-PBA 1155 F St NW Ste 1050 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA 12g. E-Mail Address LEOSUDC@GMAIL.COM 12d. Tel No. 12e. Cell No. 12f. Fax No. (516) 499-2681 (202) 595-3510 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Organizing Director 01/16/2018 14:05:03 Steve Maritas

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE	IN THIS SPACE
Case	Date Filed
5-RC-213087	1/17/18

Employees Included

All regular full-time and regular part-time University Police officers, Sergeants, security officers & parking enforcement officers performing guard duties as defined in Section 9(B)(3) of the National Labor Relations Act, employed by the employer at its address.

Employees Excluded

All office clerical employees, professional employees and supervisors as defined by the Act.

UNITED STATES GOVERNMENT

DO NOT WRITE IN THIS SPACE				
5-AC-213101	Date Filed			

ATIONAL	LABOR	REL	ATIONS	BOARD
RC	PE	TI	TIO	N

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>as winding sty</u>, submit an original of this Petition to an NLRB office in the Region In which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of Interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Berlin Nursing & Rehabilitation Center 9715 Healthway Drive, Berlin, MD 21811 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Carole Daniels - Administrator Same 3f. E-Mall Address 3d. Cell No. 3e. Fax No. 410-641-4400 410-641-0011 carole.daniels@fundltc.com 5a, City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Berlin, Maryland Nursing Home Provide residential accompdations with healthcare 5b. Description of Unit Involved 6a. No. of Employees in Unit: included: All hourly paid full-time and part-time employees amployed by the employer at its Berlin, Maryland location including full-time & part-time certified nursing assistant, certified medical assistants, geriatric nursing aids, maintenance employees, activity specialist, transport aids and restorative aids. 6b. Do a substantial number (30% or more) of the employees in the All other employees including all registered nurses, licensed practical nurses, office clerical employees, professional employees, guards & supervisors unit wish to be represented by the as defined in the NLRA, as amended. Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) 1/16/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 7h 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). N/A None 8c. Tel No. 8d Cell No. 8e. Fax No. Bf. E-Mail Address N/A NIA 8g. Affiliation, if any 8h. Date of Recognition or Certification 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A N/A 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? _N/A (Name of labor organization) N/A , has picketed the Employer since (Month, Day, Year) NA 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) None 10b. Address 10a. Name 10c. Tel. No. 10d. Cell No. N/A N/A 10e. Fax No. 10f. E-Mail Address N/A N/A 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): February 2, 2018 6:00am to 7:00am & 2pm to 3:30pm Orientation/classroom between Station 4 & 5 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) United Food & Commercial Workers Union, Local 27 21 West Road, Sulte 200, Baltimore, MD 21204 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Food & Commericial Workers International Union . 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address N/A N/A N/A N/A 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Nelson Hill - Director of Organizing 13b. Address (street and number, city, state, and ZIP code) 21 West Road, Suite 200, Baltimore, MD 21204 13c. Tel No. 13d Cell No 13e. Fax No. 13f. E-Mail Address 10-337-2700 Ext. 845 302-632-4530 410-307-1799 n.hill@ufcw27 org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief Name (Print) Title Date Signature da-1/16/2018 Nelson Hill Director of Organizing

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

FORM NLRB-522 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT W	RITE IN THIS SPACE
Case No. 5- RC-213510	Date Filed 25 18

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Alutiig Security US. Coast Guard 2401 Hawkins Point Road Curtis Bay, Maryland 21226 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Norman Watts Regional Manager 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 252-339-2616 571-267-7904 norman.watts@alutiiq.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Contract Security Security Curtis Bay, Maryland 5b. Description of Unit Involved 6a, No. of Employees in Unit: Included: All armed and unarmed officers and Sergeants 6b. Do a substantial number (30% Excluded: or more) of the employees in the All managers, office personal and Project manager unit wish to be represented by the Petitioner? Yes ✓ No Check One: 1 7a. Request for recognition as Bargaining Representative was made on (Date) 01/23/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 02/08/2018 7AM TO 4PM On site 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Governed United Security Professionals 5602 Baltimore National Pike Suite #607 Baltimore, MD 21228 12c. Full name of national or International labor organization of which Petitioner is an affiliate or constituent (if none, so state) Governed United Security Professionals 12d. Tel No. 12e. Cell No. 12g. E-Mail Address 12f Fax No. 443-304-2018 443-562-3230 443-304-2855 k1eme@yahoo.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Kent Emery/ President 13b. Address (street and number, city, state, and ZIP code) 5602 Baltimore National Pike Suite #607 Baltimore, MD 21228 13c Tel No. 13d Cell No 13e. Fax No. 13f. F-Mail Address 443-304-2018 443-562-3230 443-304-2855 k1eme@yahoo.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Kent Emery 01/23/2018 President

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	5-RC-213594	Date Filed 1/25/18		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7479 New Ridge Rd MD Hanover 21076-3129 Dillon's Bus Service, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 7479 New Ridge Rd MD Hanover 21076-3129 Derrick Kazimierski 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (410) 647-8827 derrick.kazimierski@coachusa com (410) 647-2321 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation **Bus Transportation** Hanover, MD 5b. Description of Unit Involved 6a. No. of Employees in Unit: 120 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: <a> Manual <a> Mail <a> Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): February 15, 2018 Drivers' Lounge at the Employer's Hanover, MD Facility 6:30 a.m. to 12:00 noon, 5:00 p.m. to 9:00 p m. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Aaron Duffy Amalgamated Transit Union Local 1764 10000 New Hampshire Ave 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
Amalgamated Transit Union 12g. E-Mail Address pba1764ad@gmail.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (443) 815-1655 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Daniel B. Smith Assistant General Consel 10000 New Hampshire Ave MD Silver Spring 20903-1790 Amalgamated Transit Union 13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address dsmith@atu.org (301) 431-7100 (202) 714-4219 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Assistant General Consel Daniel B. Smith 01/25/2018 10:51:45 Daniel B. Smith

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE

Case 5-RC-213594

Date Filed

1/25/18

Employees Included

All full-time and regular part-time bus drivers employed by the Employer at its Hanover, Maryland facility.

Employees Excluded

All office clerical employees, mechanics, bus washers, managerial employees, professional employees, guards and supervisors as defined by the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 5-RC-213804	Date Filed 1/30/18			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 34370 Harkins Ln MD Pittsville 21850-2185 Harkins Ready Mix Inc 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 34370 Harkins Ln MD Pittsville 21850-2185 Gabe Eagler 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (410) 835-2002 geagler@harkinsreadymix com (410) 835-2700 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Construction - Raw Materials transport material to worksites by truck Pittsville, MD 5b. Description of Unit Involved 6a. No. of Employees in Unit: 16 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail Mixed Manual/Mail 11a. Election Type:

Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 2/12/18 7am mechanic shop 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Edwin A Mulford III
Edwin A Mulford III Truck drivers, Helpers, Taxicab Drivers, Garage Employees and Airport Employees Local Union No. 355 1030 S Dukeland St MD Baltimore 21223-3381 "12c. Full Tame of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address emulford@teamsters355.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (410) 566-5700 (443) 844-0300 (410) 566-1485 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Edwin A. Mulford III organizer 01/29/2018 11:55:02 Edwin A Mulford III

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE				
Case Date Filed				
5-RC-213804	1/30/18			

Employees Included drivers, mechanics and loaders

Employees Excluded office, supervisors and managers as described by NLRA

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.		Date Filed		
5 PC	21/082	2/2/10		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of Interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 12312 Hidden Forrest Blvd., Oklahoma City, Oklahoma 73142 **TriCorps** 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Same Terri Kriegler 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f, E-Mail Address 405-621-9033 terrikriegler@tricorps.com 405-621-9006 4b. Principal product or service 5a. City and State where unit is located 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Protective Services Washington, DC 6a No. of Employees in Unit. 5b. Description of Unit Involved Approx. 80 Included: All security officers and security police officers employed by the Employer at the Museum of the Bible, located at 6b. Do a substantial number (30% 409 3rd Street, SW, Washington, DC 20024 or more) of the employees in the Excluded: unit wish to be represented by the All other employees and all supervisors as defined under the Act. Petitioner? Yes / No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) None and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (if none, so state). 8b. Address None 8c. Tel No. 8f. E-Mail Address 8d Cell No. 8e. Fax No. N/A N/A N/A 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? N/A (Name of labor organization) N/A , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Manual Mail / Mixed Manual/Mail 11a Election Type: any such election. 11c. Election Time(s): 11d Election Location(s): 11b. Election Date(s): 6:30 a.m. - 8:30 a.m. & 2:30 p.m. to 3:30 p.m. February 21, 2018 Conference Room 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Guards Union of America, Local 161 P.O. Box 6633, Oak Ridge, TN 37831 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Guards Union of America 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 865-335-6800 ronaldknauff@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a, Name and Title Jeffrey L. Cutler, Attorney at Law 18501 Ventura Bivd., Sulta 304, Encino, CA 91436 13c Tel No. 13d. Cell No. 13e Fax No. 13f. E-Mail Address 818-501-8030 ext. 322 818-501-5306 cutter@wkclegal.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date ature / Jeffrey L. Cutler Attorney at Law February 1, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES GOVERNMENT

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
5-RC-214399	2/7/18			

NATIONAL LABOR RELATIONS BOARD

KOIL				214399			//10
INSTRUCTIONS: Unless e-Filed us	ing the Agend	cy's website, w	ww.nlrb.gov, submit	an original of this l	Petition to a	an NLRB o	ffice in the Region
in which the employer concerned in	is located. Th	e petition must	be accompanied by	both a showing of	interest (se	ee 6b belo	w) and a certificate
of service showing service on the	employer and	all other partie	s named in the petiti	on of: (1) the petition	on; (2) Stat	ement of F	Position form
(Form NLRB-505); and (3) Descript	ion of Repres	entation Case I	Procedures (Form NL	RB 4812). The sho	owing of in	terest sho	uld only be filed
with the NLRB and should not be s	served on the	employer or an	v other party.		100		28
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Rela	RTIFICATION O	F REPRESENTAT	IVE - A substantial number	Petitioner alleges tha	t the following	a circumsta	nces exist and
2a. Name of Employer		2b. Ac	dress(es) of Establishmer	it(s) involved (Street an	d number, city	y, State, ZIP	code)
Swissport Cargo Services, BWI			Air Cargo Drive, Bld				
3a. Employer Representative – Name and Blake Martin, HR	d Title		3b. Address (If same a Same	s 2b – state same)			
3c. Tel. No.	3d. Cell No.	2/20	3e, Fax No.		3f. E-Mail Add	iress	
571-386-1323	571-363-800	05	Unk.	b	lake.marti		
4a. Type of Establishment (Factory, mine, v Cargo Warehouse Facility	vholesaler, etc.)	4b. Principal pro Cargo	duct or service		5a. City Same	and State wi	here unit is located:
5b. Description of Unit Involved							Employees in Unit:
Included: All Full Time and Regular Excluded: office clerical, profes			8 1886	5/1 /// == 11 = 1/2 = 1	-	or more) o unit wish to	ubstantial number (30% f the employees in the be represented by the
Check One: 7a. Request for re	cognition as Barg	gaining Representa	tive was made on (Date)	and	Employer ded	clined recogn	ition on or about
H	(Date)	(If no reply receive	d, so state). Petition	serves as a c	demand	for rece	
	urrently recognize	ed as Bargaining R	epresentative and desires	certification under the A	kct.	101 100	
8a. Name of Recognized or Certified Bar		f none, so state).	8b. Address				
8c, Tel No.	8d Cell No.		8e. Fax No.	1	Bf. E-Mail Add	Iress	
8g. Affiliation, if any		8h. Date of Recognition or Certification 8i. Expiration Date of Contract, if any (Montract, if any (Montract))					
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? No If so, approx	timately how many emp	lovees are pa	articipating?	
(Name of labor organization)		, has pick	eted the Employer since (Month, Day, Year)			
 Organizations or individuals other than is known to have a representative interest in a 	Petitioner and tho ny employees in	se named in items the unit described i	8 and 9, which have claim in item 5b above. (If none,	ed recognition as repre so state)	sentatives an	d other orgar	nizations and individuals
10a. Name	10b. Ad	dress		10c. Tel. No. 10d. Cell No.		No.	
				10e. Fax No.		10f. E-Ma	il Address
 Election Details: If the NLRB conducts any such election. 	an election in thi	s matter, state you	r position with respect to	11a. Election Type:	✓ Manual	Mail _	Mixed Manual/Mail
11b. Election Date(s): ASAP		ection Time(s): 8am & 3pm to 4pi	m	11d. Election Locatio Employee Break Roo	om in the Wa		
12a. Full Name of Petitioner (including lo International Association of Machinists and Ae	cal name and nu rospace Workers,	<i>imber)</i> AFL-CIO, District L	odge 15, Local Lodge 447	12b. Address (street 652 4th Ave., Brookly	and number, yn, NY 11232	city, state, ar 2	nd ZIP code)
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO							
12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address							
646-926-2910 860-604-2253 646-902-5720 wrudis@iamaw.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.							
Production and Alberta Control of the Control of th	12e. Cell No. 860-604-2253		646-902-5720	w	ATTO CONTRACTOR OF THE PARTY OF		
Production and Alberta Control of the Control of th	12e. Cell No. 860-604-2253 will accept servi		646-902-5720	wentation proceeding. d number, city, state, ar	rudis@iama		
13. Representative of the Petitioner who 13a. Name and Title William Rud 13c. Tel No.	12e. Cell No. 860-604-2253 will accept servi is, GLR 13d. Cell No.		646-902-5720 or purposes of the repres 13b. Address (street and 26 Court Street, Suite 1710, 13e. Fax No.	w. entation proceeding. d number, city, state, ar Brooklyn, NY 11242	rudis@iama	w.org	
13. Representative of the Petitioner who 13a. Name and Title William Rud 13c. Tel No. Same	12e. Cell No. 860-604-2253 will accept servi iS, GLR 13d. Cell No. Same	ce of all papers fo	646-902-5720 or purposes of the repres 13b. Address (street and 26 Court Street, Suite 1710, 13e. Fax No. Same	we entation proceeding. If number, city, state, and Brooklyn, NY 11242	rudis@iama	w.org	
13. Representative of the Petitioner who 13a. Name and Title William Rud 13c. Tel No. Same I declare that I have read the above petiti	12e. Cell No. 860-604-2253 will accept servi is, GLR 13d. Cell No. Same on and that the.	ce of all papers fo	646-902-5720 or purposes of the repres 13b. Address (street and 26 Court Street, Suite 1710, 13e. Fax No. Same	we entation proceeding. If number, city, state, and Brooklyn, NY 11242	rudis@iaman nd ZIP code) 13f. E-Mail Ad	w.org	
13. Representative of the Petitioner who 13a. Name and Title William Rud 13c. Tel No. Same I declare that I have read the above petiti	12e. Cell No. 860-604-2253 will accept servi is, GLR 13d. Cell No. Same on and that the shature	ce of all papers for	646-902-5720 or purposes of the repres 13b. Address (street and 26 Court Street, Suite 1710, 13e. Fax No. Same	we centation proceeding. In number, city, state, and Brooklyn, NY 11242 Soletoge and belief.	rudis@iaman ad ZIP code) I3f. E-Mail Ad ame Date February 6	w.org	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 5-RC-214458	Date Filed 2/8/18			

INSTRUCTIONS: Unless e-Filed in which the employer concerns of service showing service on ti (Form NLRB-505); and (3) Description of the NLRB and should not be a purpose of this Petition: RC-	ed is located. The he employer and ription of Repress he served on the	e petition must all other partie entation Case I employer or an	t be accompanied by I es named in the petitic Procedures (Form NLI by other party.	both a showing on of: (1) the peti RB 4812). The sl	of interest (se tion; (2) State thowing of int	e 6b below) and a certificate ement of Position form erest should only be filed
bergeining by Petitioner and Petitioner requests that the National Labor R 2a. Name of Employer	er desires to be certifi	ed as representati eed under its pro	ve of the employees. The i	Petitioner alleges the Section 9 of the Na	at the following	g circumstances exist and elations Act.
MGM National Harbor			dress(es) of Establishmen MGM National Ave,	National Harb		
3a. Employer Representative - Name Logan P. Gaskill, Vice Pres		rces	3b. Address (if same as 101 MGM Nationa		l Harbor M	D 20745
3c. Tel. No. 301-749-7500	3d. Cell No.		3e. Fax No. 301-749-7502		3r. E-Mail Add lgaskill@m	gmnationalharbor.com
4a. Type of Establishment (Factory, min Guards and Patrol Services	e, wholesaler, etc.)	4b. Principal pro Guard	duct or service		Oxon H	end State where unit is located: fill MD
5b. Description of Unit Involved Included: All full time and regula	ar part-time prote	ective service	officers and sergeants	s employed by th	ne	6a. No. of Employees in Unit:
Employer at the Nation Excluded: 10 20745 Lieutenants, Captains	nal Harbor (MGI	M) currently to	cated at 101 MGM N	ational Ave, Nati	onal Harbor	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No
7b. Petitioner	(Date) (of no reply received as Bargaining R	otive was made on (Date) 2 d, so state). epresentative and desires of	7,8-		ined recognition on or about
8a. Name of Recognized or Certified E NONE	Bargaining Agent (If	none, so state).	8b. Address			
8c, Tel No.	8d Cell No.		8e. Fex No.		8f. E-Mail Add	ress
8g. Affiliation, if any			8h. Date of Recognition or	anition or Certification 8i. Expiration Date of Current or Most Re- Contract, if any (Month, Day, Year) NONE		
is there now a strike or picketing at the (Name of labor organization)	e Employer's establis		? NO If so, approxi		nployees ere pa	rticipáting?
Organizations or individuals other the known to have a representative interest Law Enforcement Officers Security	in any employees in t	he unit described			resentatives and	other organizations and individuals
10a. Name	10b. Add			10c. Tel. No. 202-595-3510		10d. Cell No. 516-499-2681
Steve Maritas	1115	5 FST	, NE Suit	10e, Fex No. 10f, E-Mell 1202-595-3510 leosunions		10f. E-Mell Address leosunions@gmail.com
11. Election Details: If the NLRB condu	ects an election in this	s matter, state you	r position with respect to	11a. Election Type:	Manual	Mall Mixed Manual/Mail
11b. Election Date(s): FEBRUARY 21, 2018		ection Time(s): 9a.m. and 1 p.m.	3 p.m.	11d. Election Locat 101 MGM Nation		nal Harbor MD 20745
12a. Full Name of Petitioner (Including Union Rights for Security Officers	local name and nu	mber)		12b. Address (street 5166 7th Street NE		dly, state; and ZIP code) C 20011
12c. Full name of national or internations Stanley Hutchins	labor organization of	of which Petitioner	Is an affiliate or constituent	(if none, so state)		
12d, Tel No. 202-306-0060	12e, Cell No. 202-306-0060		12f. Fax No. 301-505-3646		12g. E-Mail Ad stanhutch1228	
13a. Name and Title Stanley Hut		25177	13b. Address (street end 5166 7th Street NE, Washing	number, city, state,	The second second	•
13c, Tel No. 202-306-0060	13d. Cell No. 202-306-0060		13e, Fax No. 301-505-3646		13f. E-Mall Add	
I declare that I have read the above pe		tatements are tru		Annual Contract of the Contrac		
Name (Print) Stanley Hutchins Signature Stanley Hutchins Title Union Pre					2/08/2018	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

FORM NLRB-502 (RC) (4-15)

> UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
5-RC-214714	2/13/18			

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Petitioner Act. requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 3 of the National Labor Relations Act.

Name of Employer stablishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 110 Irving St NW, Washington DC 20010 Cuestas, Inc. 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same) 11898 Falling Creek, Dr., Manassas, VA 20112 Julio Cuesta of E-Mail Address 3c. Tel. No. 571-399-7808 703-794-7443 703-930-6053 5a. City and State where unit is located 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Washington DC Hospital Maintenance services 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: All full-time and regular part-time maintenance employees 6b. Do a substantial number (30% or more) of the employees in the Excluded: office clericals, administrative and management employees, guards, and supervisors unit wish to be represented by the Petitioner? Yes V No and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) [Date] (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). NONE 8f. E-Mail Address Bc. Tel No. 8d Cell No. 8e. Fax No. 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c Tel No. 10d. Cell No. 10b. Address 10a. Name NONE 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLR8 conducts an election in this matter, state your position with respect to 11a. Election Type: V Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): 1st Floor Supply Room, 110 Irving St NW, Washington DC 11:30 am - 1:00 pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 5627 Allentown Rd, Ste. 206, Camp Springs, MD 20746 Public Service Employees Local Union 572 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Laborers' International Union of North America (LIUNA) 12a, E-Mail Address 12d. Tel No. 301-316-0572 301-316-4888 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Brian Petruska 11951 Freedom Drive, Ste. 310, Reston VA 20190 13e. Fax No. 13l, E-Mail Address 13d. Cell No. 13c. Tel No. 703-860-1865 bpetruska@maliuna.org 703-860-4194 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Signature Name (Print) Counsel 2/12/18 Brian Petruska

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No. 5-RC-214988	Date Filed	2/16/18			

February 16, 2018

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION. RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be cartified as representative of the employees. The Petitioner allages that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer National Abortion Federation Hotline Fund 1090 Vermont Avenue NW, Suite 1000, Washington, DC 20005 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Vickie Saporta, CEO (same) 3e. Fax No 202-667-5881 202-667-5890 vsaporta@prochoice.org 5a. City and State where unit is located. 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service non-profit organization counseling and related services Washington, DC 5b. Description of Unit Involved 6a, No. of Employees in Unit: All full- and part-time employees of the National Abortion Federation Hotline Fund, Including but not limited to, case managers, assistant case Included: managers, hotline intake counselors, peer trainers, quality and operations coordinators, and quality and operations assistants 6b. Do a substantial number (30% or more) of the employees in the Excluded: managerial employees, guards and supervisors as defined in the Act unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) 2/7/18 and Employer declined recognition on or about Check One: (Date) (if no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Agent (If none, so state). Sc. Tel No. 8d Cell No. Be. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Yoar) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? ________tf so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in Items 6 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a Name 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11b. Election Date(s): 11d. Election Location(s): March 8, 2018 2-4pm; 6-8pm Large Conference room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Washington-Baltimore Newspaper Guild, Local 32035 1225 Eye Street NW, Suite 300, Washington, DC 20005 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) The News Guild - Communicattions Workers of America, AFL-CIO, CLC 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 202-785-3650 x 15 202-785-3659 b.coreljett@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Robert E. Paul, Attorney 1025 Connecticut Avel. NW, Suite 712, Washington, DC 20036 13d. Cell No. 13e. Fax No. 13f, E-Mail Address 13c. Tel No. 202-857-5000 202-223-8417 rpaul@zwerdling.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief, Date Oh R. Jan Robert E. Paul

Attorney WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Name (Print)

Greg Strotman

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	OO NOT WRITE IN THIS SPACE
Case No.	Date Filed
5-RC-21506	2/22/18

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 11145 Industrial Road, Manassas, VA 20109 Badger Daylighting Corp. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Elizabeth Peterson Vice President US East Operations 8930 Motor Sports Way, Brownsburg, IN 46112-2519 3d. Cell No. 3f. E-Mail Address 3c. Tel. No. (317)771-7624 (317)771-7624 (317)892-2664 epeterson@badgerinc.com 4b. Principal product or service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manassas, VA Truck yard Hydro-excavation services 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time vac-truck operators employed by the Employer that report to work at its truck yard currently 6b. Do a substantial number (30% located at 11145 Industrial Road in Manassas, Virginia. or more) of the employees in the unit wish to be represented by the Excluded: Managers, office clerical employees, professional employees, managerial employees, guards and supervisors Petitioner? Yes [X] No [as defined in the Act. x 7a. Request for recognition as Bargaining Representative was made on (Date) 2/14/18 Check One: and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address None Bc. Tel No. 8d Cell No. 8e Fax No. 8f F-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: X Manual _ Mixed Manual/Mail any such election. 11c. Election Time(s): 11d Election Location(s): 11b Election Date(s): 3/2/18 4 p.m. to 6 p.m. Conference Room at 11145 Industrial Road, Manassas, VA 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) International Union of Operating Engineers, Local 77 4546 Brittania Way, Suitland, MD 20746 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers, affiliated with the AFL-CIO 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f Fax No. (301)899-6900 (540)287-2057 (240)719-2543 greg@iuoelocal77.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title SAME AS ABOVE Greg Strotman, Business Agent 13f. E-Mail Address 13e Fax No. 13c. Tel No. 13d. Cell No. SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Business Agent WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Title

Signature

UNITED STATES GOVERNMENT

DO NOT	WRITE IN THIS	SPACE
Case No. 5-RC-215707	Date Filed	3/1/18

ATION	VAL	LAB	OR	RE	EL	AT	10	NS	B	OARE)
P	^	-	_	-		-		~		1	

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

| 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Towers Condominium 4201 Cathedral Ave., NW, Washington, DC 20016 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same) SAME AS ABOVE Steve Desimone 3f. E-Mall Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. sdesimone@towersca.org 202-686-2033 202-525-8123 N/A 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Washington, DC condominium 5b. Description of Unit Involved 6a. No. of Employees in Unit: included: All full-time and regular part-time painters employed by the employer at the Towers Condominium in 8b. On a substantial number (30% Washington, DC. or more) of the employees in the unit wish to be represented by the Excluded: All professional, clerical and managerial employees, guards, and supervisors as defined in the Act. Petitioner? Yes [X] No [7a. Request for recognition as Bargaining Representative was made on (Date) 2/27/18 and Employer declined recognition on or Check One: about No reply (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None Bc. Tel No. 8d Cell No. Se. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) e, is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Patitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) None 10c. Tel. No. 10d. Cell No. 10a Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: X Mixed Manual/Mali Manual Mail any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 11:30-12:30 4201 Cathedral Ave., NW, Washington DC 20016 March 12, 2018 12b. Address (street and number, city, state, and ZIP code) 12a, Full Name of Petitioner (Including local name and number) 2461 Wisconsin Ave., NW, Washington DC 20007 International Union of Operating Engineers, Local 99 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers 12g. E-Mall Address 12d Tel No. 12s. Cell No. 12f. Fax No. 202-333-1882 kgraham@iuoclocal99.org 202-744-9519 202-337-0099, Ext. 23 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title SAME AS ABOVE Keith J. Graham, Organizer 13d. Cell No. 13e, Fax No. 13f. E-Mail Address 13c. Tel No. SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) **Signature** Keith J. Graham 03-Organizer

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Name (Print)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed.					
05-RC-215862	3/2/2018					

Date

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 14151 Park Meadow Drive **OMNIPLEX World Services Corporation** 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 14151 Park Meadow Drive VA Chantilly 20151-Janine Sweeney 3c Tel No 3f F-Mail Address 3d. Cell No. 3e. Fax No. JSWEENEY@omniplex.com (703) 652-3264 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Security Systems & Services SECURITY Arlington, VA 5b. Description of Unit Involved 6a. No. of Employees in Unit: included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [] No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _ and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 2879 Cranberry Hwy MA Fast Wareham 02538-1327 United Government Security Officers of America (UGSOA) and it Local 358 Desiree Sulliv 8c. Tel No. 8d Cell No 8e Fax No. 8f F-Mail Address (800) 572-6103 (774) 678-4658 DSulfivan@ugsoa.com 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): March 19, 2018 11c. Election Time(s): 11d. Election Location(s): TSA HQ, FSIF, Annapolis Junction, Walker Lane & Herndon Mail Rallot 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Steve Maritas
Law Enforcement Officers Security Unions LEOSU-DC, LEOS-PBA 1155 F Street NW #1050 DC Washington 20004-1329 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA 12d. Tel No. 12f. Fax No. 12g. E-Mail Address LEOSUDC@GMAIL.COM 12e. Cell No. (165) 499-2681 (202) 595-3510 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13f. E-Mail Address 13d. Cell No. 13e. Fax No.

Organizing Director Steve Maritas 03/1/2018 21:58:28 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Title

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Signature

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE		
5-RC-216150	Date Filed 3/8 18	

KU FE	IIIION	12-HC.	216120		21010	
INSTRUCTIONS: Unless e-Filed u	sing the Agency's web:	site, www.nlrb.gov, submit	an original of this	s Petition to a	n NLRB office in the Re	gion
in which the employer concerned	is located. The petition	n must be accompanied by	both a showing	of interest (se	e 6b below) and a certif	licate
of service showing service on the						
(Form NLRB-505); and (3) Descrip			LRB 4812). The s	howing of int	erest should only be file	ed
with the NLRB and should not be	served on the employe	r or any other party.				
bargaining by Petitioner and Petitioner requests that the National Labor Rele	desires to be certified as repr	esentative of the employees. The	e Petitioner alleges t	hat the following	circumstances exist and	
2a. Name of Employer Paragon Systems, Inc.		2b. Address(es) of Establishme 633 Indiana Ave NW, \	ent(s) involved (Street	and number, city	, State, ZIP code)	
3a. Employer Representative - Name ar	d Title	3b. Address (If same				
Laura M. Hagan Vice Presider		13655 Dulles Te	chnology Drive	Suite 100	Hemdon, VA 20171	
3c. Tel. No.	3d. Celi No.	3e. Fax No.	di Awaran Raya	3f. E-Mail Add		
703-263-7176	865-266-0383	703-579-1563		lhagan@pa	Carlotte Table Control	
4a. Type of Establishment (Factory, mine, Guards and Patrol Services	Guard	cipal product or service			and State where unit is locate igton DC	
5b. Description of Unit Involved Included: All full time and regular	part-time protective se	ervice officers and sergear	nts employed by t	he	6a, No. of Employees in Uni 8	it:
Excluded: Indiana Arra MIM Mach	ineten DC 00004	Supervision Agency (CSC		ated at 633	6b. Do a substantial number or more) of the employees in unit wish to be represented	n the
The state of the s		Supervisors as defined in			Petitioner? Yes V No	
	(Date) (If no reply	presentative was made on (Date) received, so state). aining Representative and desire		Valence of Residence Services	ined recognition on or about	
8a. Name of Recognized or Certified Ba						
NONE	T A A C - W N -					
8c. Tel No.	8d Cell No.	8e. Fax No.		8f. E-Mail Add	855	
8g. Affiliation, if any		8h. Date of Recognition	or Certification		Pate of Current or Most Recer (Month, Day, Year)	nt
Is there now a strike or picketing at the I (Name of labor organization)		nvolved? NO If so, approhas picketed the Employer since		mployees are pa	ticipating?	
10. Organizations or individuals other than				mesentatives and	other omenizations and India	viduals
known to have a representative interest in NONE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	only against the man	nauais
10a. Name	10b. Address		10c. Tel. No.		10d. Cell No.	
			10e. Fax No.		10f. E-Mail Address	TOTAL STREET
11. Election Details: If the NLRB conduct any such election.	s an election in this matter, s	tate your position with respect to	11a. Election Type	: Manual	Mail Mixed Manual/	ReM
11b. Election Date(s): MARCH 27, 2018	11c. Election Time 7 a.m 9a.m. and	공개하다 회사 들이 그리면 아이지 않아 그리다.	11d. Election Loca 633 Indiana Ave		ton DC 20004	/=
12a. Full Name of Patitioner (Including I Union Rights for Security Officers	ocal name and number)		12b. Address (stre 5166 7th Street No		ity, state, and ZIP code) C 20011	
12c. Full name of national or international I Stanley Hutchins	abor organization of which Pe	etitioner is an affiliate or constitue	nt (if none, so state)			
12d. Tel No. 202-306-0060	12e. Cell No. 202-306-0060	12f. Fax No. 301-505-3646	AL AL	12g. E-Mail Ad stanhutch1228		*
13. Representative of the Petitioner who	will accept service of all p	apers for purposes of the repre	sentation proceedin	g.		
13a. Name and Title Stanley Hutc	hins, Union Presid	ient 13b. Address (street al		and ZIP code)		
13c. Tel No. 202-306-0060	13d. Cell No. 202-306-0060	13e. Fex No. 301-505-3646		13f. E-Mail Add stanhutch1228		
I declare that I have read the above petit			wledge and belief.	14		-
Name (Print) Stenley Hutchins	Torth Hallen	Title Union President		Date 3/06/2018		
	/- · · · · · · · · · · · · · · · · · · ·	CONTROL OF THE PROPERTY OF THE	and the second s			

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE		
Case No. 5-RC-216151	Date Filed. 318/18	

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bergaining by Petitioner and Petitioner desires to be cartified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 10400 Furnace Road, Lorton VA 22079 American Security Program 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same) MARK PHINNEY, DIRECTOR OF OPERATIONS 1881 Campus Commons Drive Suite 105 Reston, VA 20191-1520 3c. Tel. No. 3d Cell No: 3f. E-Mail Address 3e. Fax No. 703-834-8900 703-834-8947 mphinney@securamerallc.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: LORTON VA Guards and Patrol Services Guard 6b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time and regular part-time protective service officers and sergeants employed by the Employer at the Defense Logistics Agency (DLA) currently located at 10400 Furnace Road in Lorton 6b. Do a substantial number (30% Excluded: '^^ or more) of the employees in the unit wish to be represented by the Lieutenants, Captains, Project Managers, and Supervisors as defined in the Act Petitioner? Yes / No Check One: 7a. Request for recognition as Bergaining Representative was made on (Date) 03/08/2018 and Employer declined recognition on or about (Date) '(If no reply received, so state). 7b. Petitioner is currently recognized as Bergalning Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address NONE 8c. Tel No. 8d Cell No. Bf. E-Mall Address Be. Fax No. 8g. Affiliation, If any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NONE 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and Individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE . 10b. Address 10c Tel No. 10d. Cell No. 10a, Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 400 CST SW Washington DC 20024 MARCH 27, 2018 7 a.m. - 9a.m. and 1 p.m. - 3 p.m. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 5166 7th Street NE, Washington DC 20011 Union Rights for Security Officers 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address 12d. Tel No. 12e Cell No. 12f. Fax No. 301-505-3646 stanhutch1228@yahoo.com 202-306-0060 202-306-0060 13. Representative of the Potitioner who will accept service of all papers for purposes of the representation proceeding. 136. Name and Title Stanley Hutchins, Union President 13b. Address (street and number, city, state, and ZIP code) 5188 7th Street NE, Washington DC 20011 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 202-306-0060 202-306-0060 301-505-3646 stanhutch1228@yahoo.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) 03/08/2018 Union President Stanley Hutchins

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
5-RC-216228	3/9/18

	EIIIION		5-RC-2			3/9/18
INSTRUCTIONS: Unless e-Filed	using the Agency	's website, w	ww.nlrb.gov, submit a	n original of this	Petition to a	n NLRB office in the Region
in which the employer concerne						
of service showing service on the						
(Form NLRB-505); and (3) Description of Representation Case Procedures						
with the NLRB and should not b	e served on the e	mployer or an	y other party.	7.	2	
PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitioner requests that the National Labor R	er desires to be certifie	d as representati	ve of the employees. The	Petitioner alleges the	at the followin	g circumstances exist and
2a. Name of Employer		2b. Ad	dress(es) of Establishmen 1331 Amherst Ave			
Elite Protective Services Inc.	and Tilla	і.м	D Silver Spring 20902-465			
3a. Employer Representative – Name	and ritte		3b. Address (If same as			
Michael Katz 3c, Tel, No.	3d. Cell No.		11331 Amherst Av MD Silver Spring 2 3e. Fax No.	20902-4656	3f. E-Mail Add	roce
(301) 949-9716	Ju. Cell No.		(301) 933-9037		mkatz@elite-pro	
4a. Type of Establishment (Factory, min	e wholesaler etc.)	4b. Principal pro	The state of the s			and State where unit is located:
Security Systems & Servi	SOCIAL SECTION OF SECTION SECT	40. 1 Tillelpai pro	Security at Government t	facilities	Gu. Ony	Rockville, MD
5b. Description of Unit Involved	NOTE TO SERVICE STATE OF THE S			24	: %	6a. No. of Employees in Unit:
Included: See Attached Page 2 for add	ditional details					10
Excluded: See Attached Page 2 for add	ditional details		* *** *********	X		or more) of the employees in the unit wish to be represented by the
Check One: 7 7a. Request for	r recognition on Paras	sisina Booresante	tive was made on (Date) 0	2/07/2042	l Employer dos	Petitioner? Yes [] No []
03/07/201	(Date) (/	f no reply receive	And the second s			lined recognition on or about
8a. Name of Recognized or Certifled I			8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	loce
oc. rei no.	od Cell No.				OI. E-IVIAII AUU	ness
8g. Affiliation, if any			8h. Date of Recognition or	r Certification		Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at th	e Employer's establish	nment(s) involved	? No If so, approx	imately how many em	ployees are pa	articipating?
. (Name of labor organization), has pick		- A		•		
10. Organizations or individuals other th known to have a representative interest					esentatives an	d other organizations and individuals
Governed United Security Professionals	일본 시간 아이들은 얼마가 되었다면서 가장이 있었다고요요요요요 그 보다		m nom or acoro. (m nome,	,		
10a. Name	10b. Add	ress		10c. Tel. No.		10d. Cell No. (443) 750-2051
Mike Wallace	1258 Stev	ens Ave		10e. Fax No.		10f. E-Mail Address
Union Representative	MD Halett	horpe 21227-2644	4			MWallace@guspu.com
 Election Details: If the NLRB cond any such election. 	ucts an election in this	matter, state you	r position with respect to	0 11a. Election Type: Manual Manual Mail Min		Mail Mixed Manual/Mail
11b. Election Date(s): Mail	11c. Ele Mail	ection Time(s):		11d. Election Location(s): Mail		
12a. Full Name of Petitioner (Including Ronald A Mikell National League of Justice and Security Profess	g local name and nur	mber)	12b. Address (street and number, city, state, and ZIP coc 305 Mt. Zion RD PA Dilisburg 17019-		city, state, and ZIP code)	
12c. Full name of national or international National League of Justice and Security I	al labor organization of	f which Petitioner	is an affiliate or constituen	t (if none, so state)	_	
12d. Tel No. (503) 544-3257	12e. Cell No. (503) 544-3257		12f. Fax No. (717) 502-6763		12g. E-Mail A	
13. Representative of the Petitioner w	The state of the s	e of all papers for		entation proceeding		
13a. Name and Title		o or an papers n	13b. Address (street and	1 전 1 T. () [1 1 T. (
13c. Tel No.	13d. Cell No.		13e. Fax No. 13f. E-Mail Addre		dress	
I declare that I have read the above po	etition and that the st	tatements are tru	ue to the best of my know	ledge and belief.		C 0200000000000000000000000000000000000
Name (Print)	Signature	Company of the Compan	Title	period Assessment Consideration	Date	
Ronald A Mikell	Mr. Ronald A. Mikell		President		03/8/2018	10:57:21

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WE	RITE IN THIS SPACE
Case	Date Filed
5-RC-216228	3/9/18

Employees Included

Full and part-time Security services for US Dept HHS at Leased facility located at 1101 Wootton Parkway Rockville Md

Employees Excluded Supervisors, Managers and clerical personnel as defined in the National Labor Relations Act (NLRA)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 5- AC- 216690

Date Filed 3/16/18

DO NOT WRITE IN THIS SPACE

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

(Form NLRB-505); and (3) Desc	ription of Repres	entation Case	Procedures (Form NL	RB 4812). The sho	owing of int	erest should only be filed
with the NLRB and should not	be served on the	employer or an	y other party.			
1. PURPOSE OF THIS PETITION: RO	-CERTIFICATION OF	REPRESENTAT	IVE - A substantial number			
bargaining by Petitioner and Petition requests that the National Labor F						
2a. Name of Employer	Cidiono Doura proc		ddress(es) of Establishmen			
Jacobs		1	Nasa Dr A Hampton 23666-1387	, ,	1000	
3a. Employer Representative - Name	and Title	X	3b. Address (If same as	s 2b - state same)	-	
Patrick Bocian			600 William North TN Tullahoma 373	ern Blvd 388-4729		
3c. Tel. No.	3d. Cell No.	-5 - 75 - 75	3e. Fax No.		3f. E-Mail Add	ress
(931) 393-6697	(931) 222-0417	7		4	patrick.Bocian@	ejacobs.com
4a. Type of Establishment (Factory, mil	ne, wholesaler, etc.)	4b. Principal pro	oduct or service	7	5a. City	and State where unit is located:
Construction			Maintenance		C. C	Hampton, VA
5b. Description of Unit Involved		-				6a. No. of Employees in Unit:
Included: See Attached Page 2 for ac	Iditional details					2
	and the second s					6b. Do a substantial number (30%
Excluded: See Attached Page 2 for ac	Iditional details					or more) of the employees in the unit wish to be represented by the
and a second sec	iditional dottails				1	Petitioner? Yes [] No []
Check One:	or recognition as Baro	gaining Representa	ative was made on (Date) 0	2/22/2018 and	Employer dec	lined recognition on or about
02/26/20		(If no reply receive	and the second s			
		[[[전 시간 전]] [[[]] [[] [] [] [] [] [epresentative and desires	certification under the A	Act.	1
8a. Name of Recognized or Certified			8b. Address			
8c. Tel No.	8d Cell No.	740	8e. Fax No.		8f. E-Mail Add	ress
O- ACCIONAL MANAGEMENT			01 D 1 - (D 1)	- 0 - 1/5 1	ol E dest	
8g. Affiliation, if any		1	8h. Date of Recognition o			Date of Current or Most Recent y (Month, Day, Year)
				1	oondact, it all	y (monin, Day, Year)
9. Is there now a strike or picketing at the	ne Employer's establis	shment(s) involved	1? If so, approx	dimately how many emp	olovees are pa	rticipating?
	Vox.	and the state of t				
(Name of labor organization)			keted the Employer since (The country of Party of Transaction		
 Organizations or individuals other the known to have a representative interest 					sentatives and	d other organizations and individuals
Mistri to have a representative interes	in any employees in	the anit described	in tem 35 doore. (in none,	, 50 31510)		
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
The state of the s				339433329334177943		
	1			10e. Fax No.		10f. E-Mail Address
44 51-10-10-10-10-10-10-10-10-10-10-10-10-10						
 Election Details: If the NLRB cond any such election. 	lucts an election in th	is matter, state you	ur position with respect to	11a. Election Type:	✓ Manual]	Mail Mixed Manual/Mail
11b. Election Date(s):	11c. E	lection Time(s):		11d. Election Location	n(s):	
04/15/2018	3:30 pr	n -4:00 pm		work site (NASA Base)		
12a. Full Name of Petitioner (including	ig local name and n	umber)		12b. Address (street and number, city, state, and ZIP code,		city, state, and ZIP code)
Jeffrey s Rowe International Brotherhood of Electrical Workers	Local Union 1340			552 Industrial Park Dr VA Newport News 236	608-8630	
12c. Full name of national or internation International Brotherhood of Electrical w	al labor organization	of which Petitioner	r is an affiliate or constituen	it (if none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	ddrase
(757) 875-1340	(757) 288-9684		(757) 875-2869	jeffro@ibew1340.com		40.com
13. Representative of the Petitioner v	vho will accept servi	ice of all papers f	or purposes of the repres	sentation proceeding.		
13a. Name and Title			13b. Address (street and 552 Industrial)		nd ZIP code)_	
Jeffrey Rowe			552 Industrial	Park Drive, Ne	wport No	ews, VA 23608
^{13c. Tel No.} 757-875-1340	13d. Cell No.	57-288-9684	13e. Fax No. 757	275 2060	13f. E-Mail Ad	dress co
				375-2869		jeffro@ibew1340.com
I declare that I have read the above p	etition and that the	statements are tr	ue to the best of my know	vledge and belief.		
Name (Print)	Signature		Title		Date	
Jeffrey s Rowe	Jeffrey Rowe		Business Manager		03/15/2018	3 14:37:41

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE

Case

5-AC-216690

Date Filed

3/16/18

Employees Included

All full time and regular part time elevator mechanics: Petitioner seeks an amour globe election to include these employees into the current unit represented by the petitioner

Employees Excluded
All Supervisors and Managers

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No. 5-RC-217393	Date Filed	
-5-RC-317 39 3-	3/29/18	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 101 Mgm National Ave MD Oxon Hill 20745-4731 MGM National Harbor 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 120 Waterfront St Ste 500 MD Oxon Hill 20745-1142 Vonda Harris 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (301) 971-6977 (301) 971-5931 voharris@mgmresorts.com (202) 212-9130 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Casinos & Gamino Resort, Lodging and Gaming Oxon Hill, MD 5b. Description of Unit Involved 6a. No. of Employees in Unit: 16 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail Mixed Manual/Mail 11a. Election Type:

Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): April 18, 2018 Training Room B 3-5pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Scott Clark Teamsters Local 639 3100 Ames PI NE 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address sclark@local639.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (202) 529-9382 (202) 669-1942 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date **Business Agent** Scott Clark 03/29/2018 09:53:51 Scott Clark

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE		
Case Date Filed		
5-RC-217383	3/29/18	

Employees Included

All Full-Time and Part-Time Horticulturists, Gardeners, Garden Conservatory and Floral Designers

Employees Excluded

All supervisors, managers, dispatchers, mechanics, clerical employees and guards as defined by the Act

202-595-3510

Name (Print)

Steve Maritas

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE			
05-RC-217831	04-04-18		

LEOSUDC@GMAIL.COM

Date

4/4/2018

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3700 O St NW, Washington, DC 20057 Georgetown University 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Vicki Browne-Moore, University Director for HR Client Services Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 202-687-3399 vb5@georgetown.edu 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: School University Washington DC 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time security officers special police officers I & II, master police officers, investigators & communication officers, performing guard duties as defined under Section 9(b)(3) of the Act, employed by the Employer at its locations as noted in 11d. 6b. Do a substantial number (30% or more) of the employees in the Excluded: all confidential employees, office clerical employees, executive and managerial employees, non-guards, student access controllers, sergeants and unit wish to be represented by the supervisors as defined in the Act. Petitioner? Yes ✓ No and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) (Date) (If no reply received, so state). 7b. Pelitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address International Union, Security, Police & Fire Professionals of America SPFPA & its amalgamated 442 25510 Kelly Road Roseville, MI 48066 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 800-228-7492 586-709-9563 (586) 772-9644. DLHICKEY01@AOL.COM 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) January 8, 2016 June 30, 2018 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c Tel No 10a Name 10b. Address 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 6:30 to 7:30 am & 2:30 to 3:30 PM Main Campus & Law Center Locations - see Case 05-RC-149517 April 23, 2018 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Law Enforcement Officers Security Unions LEOSU-DC, LEOS-PBA 1155 F Street NW #1050 Washington DC 20004 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f Fax No. LEOSUDC@GMAIL.COM 202-486-8558 202-595-3510 202-595-3510 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Steve Maritas Organizing Director 13b. Address (street and number, city, state, and ZIP code) 1155 F Street NW #1050 Washington DC 20004 13d, Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel No.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Organizing Director

202-595-3510

202-486-8558

Signature

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 5-RC-21		2808	(949)
05-8(-2)	10	19	6
00/1001	0	1	0

DO NOT WRITE IN THIS SPACE

8196 Date Filed
04-10-2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 499 South Capitol Street, SW, Washington, DC 20003 CSI Corporation of DC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Johnetta Holland 633 Pennsylvania Avenue, NW, Third Floor, Washington, DC. 20004 3f. E-Mail Address 3c Tel No 3d Cell No. 3e Fax No. 202.393.1100 Jholland@csicorpdc.com 301.650.4100 202.393.1103 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Washington, DC Security Services Security 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All regular full-time and part-time armed and unarmed security officers performing guard duties as defined in Section 9(b)(3) of the Act, employed by CSI Corporation of DC. 6b. Do a substantial number (30% or more) of the employees in the Excluded: All office clerical employees, managerial employers, and supervisers as defined by the Act. unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 03-27-2018 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). No reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (if none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10a. Name 10b. Address 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d Election Location(s): 11b. Election Date(s): April 9, 2018 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) 840 First Street, NE, Third Floor, Washington, DC 20002 National Association of Special Police and Security Officers 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) National Association of Special Police and Security Officers 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. 202.758.3262 Frasergabyl@aol.com 202.487.3438 202.487.3438 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Gaby L. Fraser 13b. Address (street and number, city, state, and ZIP code) 840 First Street, NE, Third Floor, Washington, DC 20002 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 13e. Fax No. 202.487.3438 202.758.3262 Frasergabyl@aol.com 202.487.3438 I declare that I have read the above petition and that theis atements are true to the best of my knowledge and belief. Name (Print) April 9, 2018 Director, Labor Relations Gaby L. Fraser

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Name (Print)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE	E IN THIS SPACE
05-RC-218355	Date Filed 04-13-2018

April 11, 2018

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Acc 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Mr. Bults, Inc. 807 Seaboard Avenue, Chesapeake, VA 23324 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2627 East 139th St., Burnham, IL 60633 Jim Bults 3c Tel No 3d. Cell No. 3f. E-Mail Address 708-868-0059 5a. City and State where unit is located: 4a. Typé of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service waste hadling waste handling Chesapeake, VA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All truck drivers and mechanics employed at the Employer's Chesapeake, Virginia facility 6b: Do a substantial number (30% or more) of the employees in the all other employees, including office clerical, guards, and supervisors as defined by the Act unit wish to be represented by the Petitioner? Yes / No and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) none (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f. E-Mail Address Be. Fax No. 8c. Tel No 8d Cell No. 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d. Cell No. 10c. Tel. No. 10a. Name 10b. Address 10e. Fax No. 10f F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual [Mixed Manual/Mail Mail [any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): employee break room May 18, 2018 5:30 - 9:00 a.m. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 5718 Bartee Street P.O. Box 12673 Norfolk, VA 23502-4502 Teamsters local Union No. 822 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12e. Cell No. 12g. E-Mail Address 12f. Fax No. 12d. Tel No. office@teamster822.hrcoxmail.com 757-461-7172 757-373-9495 757-459-2570 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Tille Jonathan Axelrod, attorney 1030 15th Street N.W. Suite 700 East, Washington, D.C. 20005 13f. E-Mail Address 13d. Cell No. 13e. Fax No. 13c. Tel No. jaxelrod@beinsaxelrod.com 202-365-1610 202-328-7030 202-328-7222 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date

Jonathan Axelrod brotter WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Title

attorney

Signature in

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

C			

DO NOT WRITE IN THIS SPACE					
Case No. 5-RC-218678	Date Filed 4/18/18				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 506 Main St Ste 215 MD Gaithersburg 20878-6571 3b. Address (If same as 2b – state same) A hena Consulting, LLC 3a. Employer Representative - Name and Title 506 Main St Ste 215 MD Gaithersburg 20878-6571 Melissa Pappas 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (301) 216-9654 mpappas@athenajobs.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Professional Staffing services Gaithersburg, MD 5b. Description of Unit Involved 6a. No. of Employees in Unit: 140 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): May 10, 2018 1301 Piccard Dr. Rockville, Md 20850 (conference room A first floor) and 9am-5pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Raymun Lee Raymun Lee United Food and Commercial Workers Union Local 1994 600 S Frederick Ave Ste 200 MD Gaithersburg 20877-1276 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
United Food and Commercial Workers International Union, AFL-CIO, CLC 12g. E-Mail Address rlee@mcgeo.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (202) 207-5787 (301) 977-6752 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Carey R Butsavage Attorney Butsavage and Associates 1920 L St NW Ste 301 DC Washington 20036-5037 13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address cbutsavage@butsavage.com (202) 861-9700 (301) 706-4535 (202) 861-9711 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Associate Coordinator, Organizing Raymun Lee 04/18/2018 13:35:50 Raymun Lee

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment DO NOT WRITE IN THIS SPACE

Case Date Filed

Employees Included all full time, part time and temporary workers assigned to Montgomery County Government contract 10069520

Employees Excluded All supervisors defined in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
5-RC-218841	4/20/18			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Dedicated Logistics, Inc. 9912B Governor Lane, Williamsport, MD 21795 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Steven LaMey, Operations Manager Same 3c. Tel. No. 3d. Cell No. 3e, Fax No. 3f. E-Mail Address 855-882-7100 304-620-5318 Stephenl@tlicompanies.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Distribution center and warehouse Transportation and distribution services Williamsport, MD 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All switchers; drivers domiciled at the Williamsport facility; loaders; dockworkers; and warehouse employees. 110 6b. Do a substantial number (30% or more) of the employees in the Excluded: All temporary employees, clerical employees, supervisors, and guards as defined in the National Labor Relations Act. unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) 4/20/18 and Employer declined recognition on or about Check One: _(Date) (If no reply received, so state). No reply received. 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8f. E-Mail Address Be, Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a Name 10b Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a, Election Type: ✓ Manual Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): May 23, 2018 1:30am - 2:30am; 9:30am-10:30am, 6:30pm-11:30pm Lunch room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Teamsters Local Union 992 10312 Remington Drive, Hagerstown, MD 21740 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12e Cell No. 12f. Fax No. 12g. E-Mail Address (301) 739-7550 (301) 491-7582 (301) 739-7436 tomkrause@myactv.net 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a, Name and Title Tom Krause, Principal Officer/Secretary-Treasurer 13b. Address (street and number, city, state, and ZIP code) 10312 Remington Drive, Hagerstown, MD 21740 13c. Tel No 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (301) 739-7550 (301) 491-7582 (301) 739-7436 tomkrause@myactv.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date Diana Bardes Attorney

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 5-RC-218987	Date Filed 4/24/18				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1150 Varnum Street, N.E. Providence Hospital Washington 2001 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1150 Varnum Street, N.E. DC Washington 20017-Darcy Burthay 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (202) 854-7928 Darcy.Burthay@ascension.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Washington, DC 5b. Description of Unit Involved 6a. No. of Employees in Unit: 200 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 5/16/2018 6:00 a.m. to 8:00 a.m., 2:00 p.m. to 4:00 p.m. and 6: Conference Room 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Wanda Shelton-Martin Metro District 1199DC, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO 8181 Professional PLSte 116 MD Hyattsville 20785-2226 12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)
National Union of Hospital and Health Care Employees, American Federation of State, County and Municipal Employees, AFL-CIO 12g. E-Mail Address wsheltonmartin@nuhhce.org 12d. Tel No. 12e Cell No 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Lance Geren Attorney O'Donoghue & O'Donoghue, LLP 325 Chestnut St Ste 515 PA Philadelphia 19106-2605 13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address Igeren@odonoghuelaw.com (215) 629-4970 (202) 805-6148 (215) 629-4996 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Lance Geren Attorney 04/24/2018 13:04:06 Lance Geren

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
5-RC-218987	4/24/18		

Employees Included

All full-time and regular part-time non-professional employees (including but not limited to Assistant Multi-Skilled Technicians, Certified Nursing Assistants, Clerical Technicians, Critical Care Technicians, ECC Technicians, Echo Technicians, ER Technicians, Medical Assistants, Multi-Skilled Technicians, Operators, OR Technicians, Paramedic Technicians, Pharmacy Technicians, Physical Therapists, Physical Therapy Technicians, Radiographers, Radiology Technicians, Rehab Technicians, Respiratory Therapists, Transportation Technicians, Unit Secretaries, and X-Ray Technicians employed by the Employer at its 1150 Varnum Street, N.E., Washington, D.C. facility.

Employees Excluded

All other employees, professional employees, office clericals, guards and supervisors within the meaning of the Act.

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No.	Date Filed	
5-RC-219472	5/2/18	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Alutiio Pacific, LLC ATF NATIONAL HEADQUARTERS 99 NEW YORK AVE, WASHINGTON DC. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) David Hoover, HR Manager 4114 Letgato Road Fairfax, VA 22033 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 843-377-1772 843-819-8260 571-267-7904 DHOOVER@ALUTIIQ.COM 4a. Type of Establishment (Factory, mine, wholesafer, etc.) 5a. City and State where unit is located: 4b. Principal product or service SECURITY WASHINGTON, DC 6a. No. of Employees in Unit: 6b. Description of Unit Involved Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED OFFICERS PERFORMING GUARD DUTIES AT 6b. Do a substantial number (30% 99 NEW YORK AVE, WASHINGTON DC or more) of the employees in the Excluded: unit wish to be represented by the ALL OFFICE PERSONAL LIEUTENANTS, CAPTAINS AND MANAGEMENT Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _ and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address SPFPA LOCAL 461 25510 KELLY ROAD, ROSEVILLE, MI 48066 8c. Tel No. 8d Cell No. 586-772-7250 X111 ORGANIZE@SPFPA.ORG 586-772-9644 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO_____ If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a, Name 10b. Address 10c Tel No. 10d. Cell No. 10e, Fax No. 10f. E-Mall Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: | Manual / Mail | Mixed Manual/Mail any such election 11b. Efection Date(s): 11c. Election Time(s): 11d. Election Location(s): 5/16/2018 MAIL NLRB REGION 5 12a. Full Name of Patitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) GOVERNED UNITED SECURITY PROFESSIONALS 5602 BALTIMORE NATIONAL PIKE SUITE #607 BALT, MD 21228 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) GOVERNED UNITED SECURITY PROFESSIONALS 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 443-304-2018 443-562-3230 443-304-2855 K1EME@YAHOO.COM 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title KENT EMERY, PRESIDENT 13b. Address (street and number, city, state, and ZIP code) 5602 BALTIMORE NATIONAL PIKE SUITE #607 BALT, MD 21228 13d, Cell No. 13e. Fax No. 13f, E-Mail Address 443-304-2018 443-562-3230 443-304-2855 K1EME@YAHOO.COM I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date KENT EMERY PRESIDENT 5/2/2018

PRESIDENT 5/2/2018
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE			
Case No. 5-RC-219617	Date Filed 5 4 18		

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) Paragon Systems, Inc. 1050 First ST NE, Washington DC 20002 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Laura M. Hagan Vice President/General Counsel 13655 Dulles Technology Drive, Suite 100 Herndon, VA 20171 3d. Cell No. 3f. E-Mail Address 703-263-7176 865-266-0383 703-579-1563 lhagan@parasys.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Washington DC Guards and Patrol Services 5b. Description of Unit Involved 6a: No. of Employees in Unit: Included: All full time and regular part-time protective service officers and sergeants employed by the Employer at the Federal Election Commission currently located at 1050 First ST NE, Washington DC 6b. Do a substantial number (30%) Excluded: 20000 or more) of the employees in the unit wish to be represented by the Lieutenants, Captains, Project Managers, and Supervisors as defined in the Act Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 5/02/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address NONE Bc. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, If any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10d. Cell No. 10c Tel No. 10a. Name 10b. Address 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLR8 conducts an election in this matter, state your position with respect to Manual / Mail Mixed Manual/Mail 11a. Election Type: any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): 1050 First ST NE, Washington DC 20002 7 a.m. - 9a.m. and 1 p.m. - 3 p.m. May 24, 2018 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 5166 7th Street NE, Washington DC 20011 Union Rights for Security Officers 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Stanley Hutchins 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 202-306-0060 301-505-3646 stanhutch1228@yahoo.com 202-306-0060 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 138. Name and Title Stanley Hutchins, Union President 13b. Address (street and number, city, state, and ZIP code) 5166 7th Street NE, Washington DC 20011 13e. Fax No. 13f. E-Mail Address 13c Tel No 13d Cell No. stanhutch1228@yahoo.com 202-306-0060 301-505-3646 202-306-0060 i declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) 5/02/2018 5 Stanley Hutchins Union President

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 5-RC-220538	Date Filed 5/18/18			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1699 S. Hanley Road, Suite 350 Whelan Security 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1699 S. Hanley Road, Suite 350 MO St. Louis 63144-Danielle Brooks 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (301) 459-2355 Dbrooks@whelansecurity.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Security Systems & Services security Washington, DC 5b. Description of Unit Involved 6a. No. of Employees in Unit: 14 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): June 6, 2018 International Monetary Fund 700 19th St NW, Washington, DC 20431 5:45 am to 6:15 am & 1:45 pm to 2:15 pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Steve Maritas
Law Enforcement Officers Security Unions LEOSU-DC, LEOS-PBA 1155 F St NW Ste 1050 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA 12g. E-Mail Address LEOSUDC@GMAIL.COM 12d. Tel No. 12e. Cell No. 12f. Fax No. (516) 499-2681 (202) 595-3510 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Organizing Director Steve Maritas 05/17/2018 16:20:53 Steve Maritas

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		

Employees Included

All regular full-time and regular part-time armed sergeants performing guard duties as defined in Section 9(b)(3) of the National Labor Relations Act, employed by the employer at the site described in paragraph 11d. of the petition.

Employees Excluded

All office clerical employees, professional employees, security officers and 2(11) supervisors as defined by the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

	2011
Case No.	8 ACCES 1795
5-90-20	40504
3-14 - W	7100

Dete Filed

INSTRUCTIONS: Unless e-Filed in which the employer concerne of service showing service on the (Form NLRB-505); and (3) Description NLRB and should not be purpose of this petitione requests that the National Labor Reference	ed is located. The employer and iption of Represse served on the CERTIFICATION OF desires to be certification to be certification.	e petition mus all other partie entation Case employer or ar REPRESENTAT ied as representati	t be accompanied by es named in the petitic Procedures (Form NL ny other party. TVE - A substantial number tive of the employees. The	both a showing on of: (1) the pet RB 4812). The so of employees wish Petitioner alleges 1	of interest (selition; (2) States howing of interest to be represented that the following	ee 6b below) and a certificate ement of Position form terest should only be filed of for purposes of collective agricumstances exist and
2a. Name of Employer		2b. A	ddress(es) of Establishmen	t(s) involved (Street	and number, city	
Paragon Systems, Inc. 3a. Employer Representative – Name:	and Title	11201	Maryland Ave SW 1 3b. Address (If same as		DC 20024	
Sylvia Martinez Director of La		3			, Suite 100	Herndon, VA 20171
3c, Tel, No. 57-321-0908	3d. Cell No. 202-515-13		3e. Fax No. 703-880-7754		ACT AND DESCRIPTION OF A PROPERTY AND ADDRESS.	@parasys.com
4a. Type of Establishment (Factory, mine Guards and Patrol Services	e, wholesaler, etc.)	4b. Principal pro Guard	oduct or service			end State where unit is located: ngton DC
5b. Description of Unit Involved Included: All full time and regula	ar part-time prot	ective service	officers and sergeant	s employed by	the	6e, No. of Employees in Unit:
Employer at the Porta Excluded: Lieutenants, Captains			N	W 15 10	20024	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
7b. Petitioner i	(Date)	(If no reply receive ed as Bargaining R	epresentative and desires			lined recognition on or about
8s. Name of Recognized or Certified 8 Gaby L. Fraser Director of Labor F			8b. Address 840 First Stre	eet NE 3rd Floor.	Washington I	DC 20002
8c, Tel No. 8d Cell No.				Bf. E-Mail Add Frasergabyl(
			8h. Date of Recognition of	or Certification 81. Expiration Date of Current or Most Rece Contract, If any (Month, Day, Year) NONE		
Is there now a strike or picketing at the (Name of labor organization)			? NO If so, approx keted the Employer since (i		mployees are pa	rticlpating?
Organizations or individuals other that known to have a representative interest in NONE					presentatives an	d other organizations and individuals
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
				10e, Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB condu	B conducts an election in this matter, state your position with respec		ur position with respect to			✓ Mall Mixed Manual/Mail
11b. Election Date(s): 11c. Election Time(s): JUNE 10, 2018 7 s.m 9a.m. and 1 p.m 3 p.m.			ı 3 p.m.	11d, Election Location(s): 1201 Maryland Ave SW, Washington DC 20024		
12a. Full Name of Petitioner (Including local name and number) Union Rights for Security Officers			+	12b. Address (street and number, city, state, and ZIP code) 5166 7th Street NE, Washington DC 20011		
12c. Full name of national or international Stanley Hutchins	labor organization	of which Pelitioner	is an affiliate or constituen	t (if none, so state)		
12d. Tel No. 202-306-0060	12e. Cell No. 12f. Fax No. 202-306-0060 301-505-3646			12g. E-Mail Address stanhutch1228@yahoo.com		
13. Representative of the Petitioner w	ho will accept serv	ce of all papers f	기념 시간 경기 시간 시간 경기 때문에 가장 보다면 되었다.			
13a. Name and Title Stanley Hut	chins, Union	President	13b. Address (street and 5166 7th Street NE, Washing		, end ZIP code)	
13c. Tel No. 202-306-0060	13d. Cell No. 202-306-0060		13e. Fax No. 301-505-3646		13f, E-Mail Ad stanhutch1228	
I declare that I have read the above pe	tition and that the	statements are tr	ue to the best of my know	viedge and belief.		
Name (Print) Stanley Hutchins	Monly P	whehen	Title Union President		Date 05/21/201	8

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NO	OT WRITE IN THIS SPACE
Case No. 5-RC- 22065	Date Filed \$199118

INSTRUCTIONS: Unless e-Filed	i using the Agenc	y's website, w	ww.nlrb.gov, submit a	n original of this	s Petition to a	n NLRB office in the Region
in which the employer concern	ed is located. The	e petition mus	t be accompanied by I	both a showing	of interest (se	e 6b below) and a certificate
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form						
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed						
with the NLRB and should not	경기 때문에 가는 아이를 가지 않는데 없다.				3	as and a second
1. PURPOSE OF THIS PETITION: RC	-CERTIFICATION OF	REPRESENTAT	IVE - A substantial number			
bargaining by Petitioner and Petition requests that the National Labor F						
2a. Name of Employer	1 - 1 - 1 - 41 / -	2b, A	ddress(es) of Eslablishment			
VIT, LLC, VIT, Inc. & HRSA, as a sir	igle or joint employe	(See a	ttached for addresses)		544	renik M. W. Villiania I.
3a. Employer Representative - Name	and Title		3b. Address (If same as	2b - state same)		12
Shawn Tibbets, COO (VIT, LLC & V	IT, Inc.); Roger Gies	inger, Pres. (HR	(See attached for	addresses)	0.2	
3c. Tel. No. (757)683-8000 (Tibbets	3d. Cell No(757)567-5132 (Tibb	dts3e. Fax No. (757)683-	33-8500 (Tibbets) 3f. E-Mail Address stibbets@vit.org		
(757) 628-2672 (Giesinger)	(757)435-8120		(757)622-2639 (Giesi			fhamptonroads.com
4a. Type of Establishment (Factory, mi	ne, wholesaler, etc.)	4b Principal pro		Mary Committee of the C	5a. City	and State where unit is located:
Terminal Operator		Stevedoring Se	ervices		Norfolk, 1	Newport News & Portsmouth, VA
5b. Description of Unit Involved	THE WAR THE STATE OF	1 1 5 T. A.	7			6a. No. of Employees in Unit:
Included: All regular full-time and	i part-time crane tec	nnicians, crane n	the Employer at its NIT,	PMT & NNMT 6	ht equipment	6bDo a substantial number (30%
Frankrike de		100 E		13411 (2 1414141 16	cindes.	or more) of the employees in the
All other employees, go	tards and supervisor	s as defined in th	ne Act.			unit wish to be represented by the
SPECIAL CONTRACTOR NO. 5750 Th. St. o. o.	The second					Petitioner? Yes X- No
The second secon			40000000000000000000000000000000000000	N/A aı	nd Employer dec	lined recognition on or about
_N/A		If no reply receive		. 1960 V. F 15.	. A	
			Representative and desires	certification under th	e Act.	
8a. Name of Recognized or Certified None	Bargaining Agent (II	none, so state).	8b. Address			
8c. Tel No.	8d Cell No.	Land slave Calcins and ter	8e. Fax No.	**************************************	8f. E-Mail Add	ress
N/A	N/A	ra empleador a la companione de la compa	N/A_		N/A	
8g. Affiliation, if any			8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent			
N/A		N/A Contract, if any (Month, Day, Ye N/A		y (Month, Day, Year)		
9. Is there now a strike or picketing at ti	ne Employer's establis	hment(s) involved	1? No If so, approx	lmately how many e	mployees are pa	rticipating?
(Name of labor organization)			keted the Employer since (f	Month, Day, Year)	similar Campa and	· · · · · · · · · · · · · · · · · · ·
10. Organizations or individuals other th	ian Petitioner and tho	se named in items	8 and 9, which have claims	ed recognition as rep	presentatives and	other organizations and individuals
known to have a representative interest	in any employees in	the unit described	in item 5b above. (Il none,	so state)		
And the second party	1 1 1 1 1 1	marters of the Palmers Contract		7 20 7 1 11		Tana Chillain
10a. Name	10b. Add	ress		10c. Tel. No.		10d, Cell No.
N/A	N/A			10e. Fax No.		10f. E-Mail Address
576	1		EM. APPEN AND DOOR			
11, Election Details: If the NLRB con-	fucts an election in thi	s maller, state you	ur position with respect to	11a. Election Type	X Menual	Mail Mixed Manual/Mail
11b. Election Date(s):	11c. El	ection Time(s):	******	11d. Election Location(s):		v :
As soon as possible. 10:00 a.m 6:00 p.m.			NIT Terminal & PMT Terminals (2 locations)			
12a. Full Name of Petitioner (including local name and number)		12b. Address (street and number, city, stale, and ZIP code)			53.500 BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	
Local 970, ILA, AFL-CIO and Local 1248, ILA, AFL-CIO, jointly			Service 1		ess Anne Road,	Norfolk, Virginia 23502
12c. Full name of nutlonal or internation		of which Petitioner	r is an alliliala or constituen	l (il none, so siate)		10
International Longshoremen's As			1 121 Fax No (757) 055 2	301 (Local 070)	120. F-Mail Ad	dress : l of A 070 (C. 1
			12f. Fax No: (757)855-3301 (Local 970) 12g. E-Mail Address jcoley@ILA970.org (Co (757)857-6547 (Local 1248) 12g. E-Mail Address jcoley@ILA970.org (Co		net (Rascoe)	
13. Representative of the Petitioner v		ce of all papers f				
13a. Name and Tille Brian Esders, A	Horney		1 13bi Address (street and	number city, state	and ZIP code)	
brian Esders, A	worney		809 Gleneagles Cour	: 이 10 10 10 10 10 10 10 10 10 10 10 10 10		21286
13c, Tel Nó. 13d, Cell No.		13e Fax No.		131, E-Mail Add		
(410)321-0990	(301)792-095	The state of the s	(410)321-1419		besders@ab	ato.com
I declare that I have read the above p	ctition and that the s	statements are tr	ue to the best of my know	ledge and belief.		man and the second seco
Name (Print)	Signature .		Title		Date	
Brian Esders	EVelon ?	plen	Attorney		May 22	2, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

VILLOUS PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes:

NLRS NATIONAL LABOR RELATIONS BOARD

Attachment to RC Petition filed by Local 970, ILA, AFL-CIO & Local 1248, ILA, AFL-CIO jointly (VIT, LLC, VIT, Inc. & HRSA, as a single or joint employer)

- 2a. Virginia International Terminals, LLC (VIT, LLC), Virginia International Terminals, Inc. (VIT, Inc.) and the Hampton Roads Shipping Association (HRSA), as a single or joint employer
- 2b. VIT, LLC, 101 W. Main Street, Suite 600 World Trade Center, Norfolk, VA 23510; VIT, Inc., 101 W. Main Street, Suite 600 World Trade Center, Norfolk, VA 23510; and HRSA – 236 East Plume Street, Norfolk, VA 23510



UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	120963	Date Filed 5 25 18		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Compass Group USA, DBA Restaurant Associates 1818 H St NW, Washington DC 20006 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 2400 Yorkmont Rd, Charlotte NC 28217 Gary Wang 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 704-328-5684 704-328-5684 N/A Gary.Wang@compass-usa.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Food and Beverage Cafeterias, Food & Beverage, Catering Washington, DC 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See attached 6b. Do a substantial number (30% or more) of the employees in the Excluded: See attached unit wish to be represented by the Petitioner? Yes No 7a. Request for recognition as Bargaining Representative was made on (Date) 5/25/18 Check One: and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None 8f: E-Mail Address Bc. Tel No. 8d Cell No. 8e. Fax No. 8i. Expiration Date of Current or Most Recent Bg. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? N/A If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10e, Fax No. 10f, E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: V Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): Wednesday, June 20, 2018 5-11 AM; 2-6 PM See attached 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 1775 K St NW #620, Washington DC 20006 Sarah Jacobson, UNITE HERE Local 23, AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (il none, so state) UNITE HERE, AFL-CIO 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 202-679-2208 N/A siacobson@unitehere.org 202-393-4373 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Brooks Bitterman - Researcher 13b. Address (street and number, city, state, and ZIP code) 275 7th Ave 16th Fir. New York NY 10001 13f. E-Mail Address 13e. Fax No. 13c. Tel No. 646-423-5811 N/A bbitterman@unitehere.org statements are true to the best of my knowledge and belief. I declare that I have read the above petition and Name (Print) Sarah Jacobson Staff Director 5/25/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Attachment to RC petition

5b.

Included: All permanent full-time, part-time and on-call employees employed by the employer at its World Bank Group locations (Washington, DC) in its food and beverage operations.

Excluded: Managers, executive chefs, confidential and clerical employees, and supervisors as defined in the National Labor Relations Act.

11d.

Election Locations:

MC Building, 1809 G St NW: 5 AM – 11 AM; 2-5 PM

IFC Building, 2121 Pennsylvania Ave NW: 5 AM – 11 AM

C Building, 1225 Connecticut Ave NW: 5 AM – 8 AM

Languages:

English and Spanish

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No. 5- RC-221369	Date Filed	614/18		

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 732 N. Capital St. NW Washington DC 20401 SECTEK 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1930 Isaac Newton Square, West #100 Reston, VA 20190 Dennis Roberts, Vice President 3e. Fax No. 3f, E-Mail Address 3c. Tel. No. 3d. Cell No. 703-834-0124 703-943-6560 4b. Principal product or service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Washington DC Security Service Security 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attachment 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attachment Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) None Made and Employer declined recognition on or about Check One: (Date) (If no reply received, so state) Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 7b. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f. E-Mail Address 8e Fax No. 8d Cell No. 8c. Tel No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d Cell No. 10a Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 5:00 A.M. to 7:00 A.M. & 1:00 P.M. to 3:00 P.M. Employee Break Room June 21, 2018 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union, Security, Police and Fire Professionals of America (SPFPA) 25510 Kelly Rd. Roseville, MI 48066 12c, Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA) 12e. Cell No. 12g. E-Mail Address 12d Tel No. 12f. Fax No. 586-772-9644 organize@SPFPA.org 586-772-7250 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Gordon Gregory, General Counsel 13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square Suite: 3727 Detroit, MI 48226 13e. Fax No. 13f. E-Mail Address 13c, Tel No. Cell No. 313-964-5600 313-964-2125 Gordon@UnionLaw.net I declare that I have read the above petition and that the statements are true to the best of my-knowledge and belief. THE Signature Date Name (Print) 5/31/2018 International President **David Hickey**

WILLFUL FALSE STATEMENTS ON THIS PETITION CANGE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

5b. Description of Unit Involved:

Included: ALL FULL-TIME AND PART TIME ARMED AND UNARMED OFFICERS KNOWN BY TITLE ONLY AS NONSTATUTORY LIEUTENANT(S) AND SUPERVISORS (PERFORMING GUARD DUTIES AS DEFINED IN SECECTION 9(B)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY SECTEK @ GOVERNMENT PRINTING OFFICE LOCATED AT 732 N. CAPITAL St. NW Washington, DC 20401.

Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND STATUTORY SUPERVISORS AS DEFINED BY THE ACT.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
5-RC-221758	6/11/18			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3700 O St NW, Washington, DC 20057 Georgetown University 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Vicki Browne-Moore, University Director for HR Client Services Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 202-687-3399 vb5@georgetown.edu 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service School University Washington, DC 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time & regular part-time security officers, special police officers I & II, master police officers, investigators & communication officers performing guard duties as defined in section 9(b)(3) of the National Labor Relations Act, employed by the employer @ its locations noted in 11d 6b. Do a substantial number (30% or more) of the employees in he Excluded: all confidential employees, office clerical employees, executive and managerial employees, non-guards, student access controllers, sergeants and unit wish to be represented by the supervisors as defined in the Act. Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) and Employer declined recogni ion on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address International Union, Security, Police & Fire Professionals of America SPFPA & its amalgamated 442 25510 Kelly Road Roseville, MI 48066 8c Tel No 8e. Fax No. 8d Cell No 8f. E-Mail Address 800-228-7492 586-709-9563 (586) 772-9644. DLHICKEY01@AOL.COM 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Januarv 8. 2016 June 30, 2018 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

✓ Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Loca ion(s): 11b. Election Date(s): 6:30 to 7:30 am & 2:30 to 3:30 PM April 20, 2018 Main Campus & Law Center Locations - see Case 05-RC-149517 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Law Enforcement Officers Security Unions LEOSU-DC, LEOS-PBA 1155 F Street NW #1050 Washington DC 20004 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 202-595-3510 202-486-8558 202-595-3510 LEOSUDC@GMAIL.COM 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. ^{13a. Name and Title} Steve Maritas Organizing Director 13b. Address (street and number, city, state, and ZIP code) 1155 F Street NW #1050 Washington DC 20004 13d Cell No. 13c. Tel No. 13e. Fax No. 13f. F-Mail Address 202-595-3510 202-486-8558 202-595-3510 LEOSUDC@GMAIL.COM I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Steve Maritas LEOSU-DC Organizing Director April 1, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

National Democratic Institute,	Case 05-RC-

Attachment to RC Petition:

Item 5b. Description of Unit Involved:

Included: Accountants, Senior Accountants, Administrators, Senior Administrators, Analysts, Assistants, Senior Assistants, Designers, Engineers, Leads, Managers, Senior Managers, Officers, Senior Officers, Specialists.

Excluded: Advisors, Senior Advisors, Chief Technology Officer, Chief Innovation Officer, Chief Financial Officer, Controller, Directors, Deputy Directors, Counsel, Grants Manager, International Accounting Manager, Senior Associate, Subgrants Manager, President, Vice-President, guards and supervisors as defined by the Act.

FORM NLRB-502 (RC)

UNITED STATES OF AMERICA

DO NOT WRITE IN THIS SPACE

(2-18)	NATIONAL	RC PETITIO		•	Case No. 5-RC-221865			Date Filed 6/12/18
INSTRUCTIONS: Unless e-File employer concerned is locate the employer and all other pai Case Procedures (Form NLRE	d. The petition ties named in	must be accom he petition of: (panied by bo	oth a showing of intere	nal of this Petition t st (see 6b below) as sition form (Form N	o an NLRB of nd a certificat LRB-505); and	e of service si d (3) Descripti	gion in which the howing service on on of Representation
PURPOSE OF THIS PETITIO bargaining by Petitioner and I requests that the National L	N: RC-CERTIF Petitioner desire	CATION OF RE	PRESENTAT	TVE - A substantial numitive of the employees. The	ber of employees with	sh to be repres	ented for purpo	oses of collective stances exist and
2a. Name of Employer: Chase Brexton Health	Care			s(es) of Establishment(s) ched rider	involved (Street and	l number, City,	State, ZIP cod	de):
3a. Employer Representative - Shanae Murray VP of	Name and Title HR		3b. Address 1111 N.	Gifsame es 2b - state s Charles St. Balti	ame): more, MD 212	201	f. Corp. and annual and	**************************************
3c. Tel. No. 4108372050 ext1044	3d. Cell No).	3e 4	435735001	3f. E-Mail shmur	Address ray@chas	ebrexton.o	org
4a. Type of Establishment (Factor health center/clinics	ory, mine, whole	saler, etc.)		. Principal Product or Se ealth care	rvice	5a City an Maryla	d State where	unit is located:
5b. Description of Unit Involve Included: See Attached Rider	d:					6a. Numbe 75	r of Employees	s in Unit:
Excluded: All other employees, g						of the e	mployees in th	ber (30% or more) the unit wish to be thatitioner? ☑ Yes ☐ N
Check One: X 7a. Request for on or about (D	ale)	(15)	no tehil lece	es made on (Date) ved, so state). ntative and desires certif			declined recogn	nition
8a. Name of Recognized or Ce None		the same of the same of the same of		8b. Address:				
8c. Tel. No.	8d. Cell N).	8e. Fax No. 8f. E-Mail Address					
8g. Affiliation, if any:			8h. D	ate of Recognition or Ce	rtification 8i. Expire Recent C	n 8i, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
9. Is there now a strike or picket	ing at the Emplo	yer's establishm	ent(s) involve	d? No If so, a	approximately how m			
(Name of Labor Organization)							er since (Mont	The state of the s
Organizations or individuals individuals known to have a None	representative i	nterest in any em	ployees in th	e unit described in item t	5b above. (If none, s	o state)	es and other of	ganzanono and
10a. Name		10b. Address	5		10c. Tel.	No.	10d. Cell No.	
					10e. Fax	No.	10f. E-Mail A	ddress
11. Election Details: If the NLR	B conducts and	election in this n	natter, state y	our position with respect	to any such election		n Type: al Mail	Mixed Manual/Mail
11b. Election Date(s): July 6, 2018		11c. Election T see attach	ime(s): ed rider		11d. Elec see at	tion Location(
12a. Full Name of Petitioner (ii 1199SEIU United Hea	ncluding local ne althcare Wo	l nme and number rkers East):	12b. Address (611 N. Eu	street and number, o taw St. Baltim	ety, State and ore, MD 2	ZIP code): 21201	
12c. Full name of national or into Service Employees In	emational labor ternational	organization of w	which Petition	er is an affiliate or consti	tuent (if none, so sta	te):		
12d. Tel. No. 3036699147	12e. Cell 30366	99147	12	F Fax No. 103321291	12g, E-N brian.	lail Address owens@1	199.org	
13. Representative of the Peti 13a. Name and Title:	tioner who will	accept service	of all papers	for purposes of the real b. Address (street and r	presentation proce number, city, State a	eding. nd ZIP code):		
13c. Tel. No.	13d. Cell	No.	1:	Be. Fax No.	13f. E-M	ail Address		
I declare that I have read the a	bove petition	and that the stat	tements are	rue to the best of my k		ef.		
Name (Print) Brian Owens		Signatu	re		Organizi	ng Directo	or	6/12/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Rider

2b. Addresses of the Establishments involved:

Baltimore Center 1111 N. Charles St. Baltimore, MD 21201

MICA Student Wellness Center 1201 W. Mt. Royal Ave. 2nd Fl. Baltimore, MD 21217

Columbia Center 5500 Knoll North Dr. Stes 370 & 400 Columbia, MD 21045

Randallstown Center 3510 Brenbrook Dr. Randallstown, MD 21133

Glen Burnie Center 200 Hospital Dr. Ste. 300 Glen Burnie, MD 21061

Easton Center 8221 Teal Dr. Ste 202 Easton, MD 21601

5b. Description of the Unit Involved:

Included: All fulltime, regular part-time, and per diem* Medical Assistants, Dental Assistants, Pharmacy Techs, and Peer Advocates employed by the Employer at its Maryland health centers.

*Eligible employees include all Employees who worked an average of at least 4 hours per week for the 13 preceding the eligibility date.

11c. & 11d. Proposed Election Time and Locations

Baltimore Center*: 7:30am - 9am; 11:45am - 1:15pm; 4:30pm - 6pm, in the 6th fl. Staff lounge

Columbia Center: 11:30am – 1:30pm, in the 3rd fl. Employee lounge Randallstown Center: 11:45am – 1:15pm, in the conference room

Glen Burnie Center: 11:45am - 1:15pm, in the employee lounge/kitchen

Easton Center: 12:00pm - 1pm, in the conference room

*Employees will vote at the center where they work, except employees who work at the MICA Student Wellness Center will vote at the Baltimore Center.

FORM NLRB-502 (RC) (4-15)

cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RCPETITION

Case No 5-RC-222523 Date Filed 6/21/18

		nie Veier	3-RC-2	22323		THE PARTY OF THE P
INSTRUCTIONS: Unless e-Filed in which the employer concerned	is located. Th	ne petition mus.	t be accompanied by	both a showing	of interest (s	ee 6b below) and a
certificate of service showing ser Position form (Form NLRB-505);						
should only be filed with the NLR					TAD 4012). 11	ne and wing of interest
1. PURPOSE OF THIS PETITIONRC-CEI					lo ho roorozania	d for purposes of collective
bergaining by Pelitioner and Pelitioner desi National Labor Relations Board proceed up	res to be certified as	representative of the	employees. The Petitioner	alleges that the follo	wing circumstand	es exist and requests that the
2a. Name of Employer			Address(es) of Establishmen			
ZENETEX		VF	C-12 NAS OCEANA, 7	766 B AVENUE, I	HANGER 200	A VIRGINIA BEACH, VA 23460
3a, Employer Representative - Name a	nd Title		3b. Address (If same as	2b - state same)		***
LYDIA CORUM - DIRECTOR	OF HUMAN F	ESOURCES			UITE 307, H	ERNDON, VA 20171
3c.Tel. No.	3d. Cell No.	W1997.3	3e. Fax No.		3d. E-Mail Add	ress
619-607-3011			703-935-8360		LYDIA.	CORUM@ZENETEX.COM
4a. Type of Establishment (Factory, mine,)	vholesaler. etc.)	4b. Principal pro-				nd State where unit is located:
NAVAL AIR STATION		AIRCRAFT S	SUPPORT SERVIC	ES		OCEANA INIA BEACH, VA
5b. Description of Unit Involved	13 202	J. 325) L	- 50000	37		6a. No. of Employees in Unit:
ALL FULL AND REGULAR PART	TIME HOURLY	EMPLOYEES	TO INCLUDE ALL AIR	CRAFT MECHA	NICS MECH	13
1, MECH II AND MECH III'S WORL				1010 II IIILOIDI	MOO MEON	6b. Do a substantial number (30%
		··				or more) of the employees in the unit wish to be represented by the
Excluded:	2550000111 51	DIOVEED MAN	Arbiti ette avera			Petitioner? Yes V No
OFFICE CLERICAL EMPLOYEES, PRO AS DEFINED IN THE ACT.	DESSIONAL EN	PLOTEES, MANA	AGERIAL EMPLOYEES,	GUARDS, AND SU	PERVISORS,	
Check One:					19.000	<u> </u>
☐ 7a, Request for recognition about (date)	as Bargaining Re (If no reply receiv	presentative was m	ade on Petition will serve	as request for reco	gnition and Emp	loyer declined recognition on or
7b. Petitioner is currently r	ecognized as Barg	ed, so state). aining Representat	ive and desires certification	n under the Act.		
8a. Name of Recognized or Certified Bargaining	Agent (If none, so	state).	8b. Address	4000000		-0.0
NONE			N/A			42.400
8c, Tel. No. N/A	8d. Cell No. N/A		8e. Fax No. N/A		8f. E-Mail Add N/A	lress
8g. Affiliation, if any		-111-1-1-1-1-1-1-1-1	8h, Date of Recognition of	r Certification		ate of Current or Most Recent
N/A			N/A		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Month, Day. Year)
					I N/A	
Is there now a strike or picketing at the E (Name of labor organization)	, has picketed	the Employer since (I	Month, Day, Year)	roximately how many		
Organizations or individuals other than known to have a representative interest in an arrangement of the second seco	ny employees in th	e unit described in i	and 9, which have claimed tem 5b above. (# rione, so sta	NONE	esentatives and o	
10a, Name	10b. Ad-	dress		10c. Tel. No. N/A		10d. Cell No. N/A
N/A	N/	A		10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts an a	lection in this mat	ter state your posit	on with respect to	N/A 11a. Election T	vne.	N/A
any such election.		-or, other your pools	ion with teapports	✓ Manual		Mixed Manual/Mail
11b. Election Date(s):	11c. El	ection Time(s):		11d. Election Loca	ation(s):	
07/11/2018		2:00 PM - 1:0	ON DM	LUNCH ROC	M - 766 B A	VENUE HANGER 200A
0171112010		2.00 1 101 - 1.0	JO 1 IVE	VIRGINIA BE		
12 a. Full Name of Petitioner (Including local name IAMAW, AFL-CIO	ne and number)	8000 V		12b. Address (stre	et and number, c	ity, state, and ZIP code)
12c. Full name of national or international la	has associantion of	which Datitioner in	an affiliate as appetity and //		. BEVD., 3011	E 580, ARLINGTON, TX 76011
INTERNATIONAL ASSOCIA	TION OF MA	CHINISTS AN	ND AEROSPACE W	ORKERS, AFL	-CIO	
12d. Tel. No. 817-505-0100	12e, Cell No.		12f. Fax No.		12g, E-Mail Ad	dress
13. Representative of the Petitioner who will acce	d a and an af all a an a		817-459-0107	XXXXX		
13a. Name and Title	priservice or all pape	is for purposes or the	13b. Address (street and num	her offly state and 7IP or	rde)	***
JAMES R. LITTLE - GRAND LODGE SPI	FCIAL REPRESE	NTATIVE				TON TV 70044
13c. Tel. No.	13d, Cell No.	1717111716	13e Fax No.	DLVD, SUITE	13d, E-Mail Ad	STON, TX 76011
817-505-0100	682-401-7835		817-459-0107			@IAMAW.ORG
I declare that I have read the above Petition and						
Name (Print) Sign	Qure a		Title		In.	ATE
JAMES R. LITTLE	lan R In			DGE REPRESE	100	06/21/2018
		PETITION CAN BE	PUNISHED BY FINE AND		101010 1100 (1000)	
			VACY ACT STATEMENT		.c. oose, iiie	

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
5-RC-222567	6/22/18				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.rtlirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Veritiv Operating Company 221 S. 10th Street Suite B Lemovne, PA 17043 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Greg Garno - General Manager same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 717-610-9145 gregory.garno@veritivcorp.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Distribution warehouse Institutional Supplies Lemoyne, PA 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All inventory control coordinators 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes all management employees, clerical staff, service technicians and guards as defined in the Act Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) 6/22/2018 and Employer declined recognition no reply on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None for petitioned unit 8c. Tel. No. 8d Cell No 8f. F-Mail Address 8e Fax No 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a Name 10b Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 7/23/2018 11:30 am - 12:00 pm Training Room 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Teamsters Local Union No. 776 2552 Jefferson Street Harrisburg, PA 17110 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 717-233-8766 717-233-6023 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a, Name and Title: 13b. Address (street and number, city, State and ZIP code): Mark Cicak, Organizer 2552 Jefferson Street Harrisburg, PA 17110 13c. Tel. No. 13d, Cell No. 13f. E-Mail Address 13e. Fax No. 717-233-8766 717-645-2674 717-233-6023 markcicak@gmail.com declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date ame (Print) Mark Cicak Mas Organizer 6/22/18

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 5-RC-222767 Date Filed 6/25/18

in which the employer concerned of service showing service on the	is located. The employer and	e petition mus	t be accompanied by es named in the petiti	both a showing of on of: (1) the petiti	interest (se on; (2) State	ment of Position form	
(Form NLRB-505); and (3) Descrip with the NLRB and should not be				.RB 4812). The sh	owing of int	erest should only be filed	
PURPOSE OF THIS PETITION: RC-CI bargaining by Petitioner and Petitioner requests that the National Labor Relations	ERTIFICATION OF desires to be certifi	REPRESENTAT	TIVE - A substantial number tive of the employees. The	Petitioner alleges that	t the following	circumstances exist and	
2a. Name of Employer Paragon Systems, Inc.			ddress(es) of Establishmer	nt(s) involved (Street ar			
3a. Employer Representative – Name an Sylvia Martinez Director of Lal	oor Relations	3		일반 10 전 10 전 기업 경기로 유럽 10 10 전 10 10 10 10 10 10 10 10 10 10 10 10 10		Herndon, VA 20171	
3c. Tel. No. 571-321-0908	3d. Cell No. 202-515-13	55	3e. Fax No. 703-880-7754	5	3f. E-Mail Addi smartinez@	parasys.com	
4a. Type of Establishment (Factory, mine, Guards and Patrol Services	wholesaler, etc.)	4b. Principal pri	oduct or service	-		and State where unit is located:	
5b. Description of Unit Involved Included: All full time and regular	part-time prote	ective service	officers and sergean	ts employed by the	е	6a. No. of Employees in Unit: 10	
Employer at the United Excluded: NA Nachington DO Naching	States Depart	ment of Agrice	ulture (Waterfront) cu	rrently located at i	300 9th ST	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No	
H	(Date)	(If no reply receive				ined recognition on or about	
8a. Name of Recognized or Certified Bar Security Police and Fire Professiona	rgaining Agent (If	none, so state).	8b. Address	Road , Roseville, N	College College College		
8c. Tel No. 586-772-7250	8d Cell No.				8f. E-Mail Address JNKNOWN		
8g. Affiliation, if any			8h. Date of Recognition of UNKNOWN			on Date of Current or Most Recent any (Month, Day, Year) N	
9. Is there now a strike or picketing at the E (Name of labor organization)	Employer's establis		t? NO If so, approx keted the Employer since (ximately how many em	ployees are par	ticipating?	
Organizations or individuals other than known to have a representative interest in NONE	Petitioner and tho any employees in	se named in items the unit described	s 8 and 9, which have claim in item 5b above. (If none	ned recognition as repre e, so state)	esentatives and	other organizations and individuals	
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f, E-Mail Address	
11. Election Details: If the NLRB conduct any such election.	s an election in thi	s matter, state yo	ur position with respect to	11a. Election Type:	Manual	/ Mail Mixed Manual/Mail	
11b. Election Date(s): July 17, 2018		ection Time(s): 9a.m. and 1 p.m	n 3 p.m.	11d. Election Location(s): 800 9th ST SW 20024			
12a. Full Name of Petitioner (Including In Union Rights for Security Officers	ocal name and nu	ımber)		12b. Address (street 5166 7th Street NE,		city, state, and ZIP code) C 20011	
12c. Full name of national or international I Carlette Collier	abor organization	of which Petitione	r is an affiliate or constituer	nt (if none, so state)			
12d. Tel No. 12e. Cell No. 202-306-0060 202-306-0060		12f. Fax No. 301-505-3646		12g. E-Mail Address carlettecollier.urso@gmail.com			
13. Representative of the Petitioner who	will accept servi	ce of all papers 1	for purposes of the repres	sentation proceeding.		11,00,90	
13a. Name and Title Carlette Co	Ilier, Unio	n Repres	13b. Address (street an 5166 7th Street NE, Washin		nd ZIP code)		
13c. Tel No. 202-306-0060	13d. Cell No. 202-306-0060		13e. Fax No. 301-505-3646		13f. E-Mail Add arlettecollier	dress .urso@gmail	
I declare that I have read the above petit	ion and that the	statements are tr	rue to the best of my know	wledge and belief.			
Name (Print) Carlette Collier WILLFUL FALSE STATEM	gnature 1	Mul	Title Union Representative		Date 06/26/2	The state of the s	

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
05-RC-222879	06-28-2018			

	LIIION		U3 NC-				
INSTRUCTIONS: Unless e-Filed							
in which the employer concerne							
of service showing service on t							
(Form NLRB-505); and (3) Desc.				RB 4812). The show	wing of inte	erest show	uld only be filed
with the NLRB and should not be	e served on the	employer or an	y other party.				
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petitioner requests that the National Labor R	er desires to be certifi	ed as representativ	ve of the employees. The	Petitioner alleges that	the following	circumsta	nces exist and
2a. Name of Employer	ciations board proc	2b. Ad	dress(es) of Establishmen	t(s) involved (Street and			
URS Federal Services Inc.		105 B	3 Ave. ,Solomons , M	D 20688			
3a. Employer Representative - Name	and Title	00	3b. Address (If same as	2b – state same)			
Charles Moran Site Superviso		LHIE, Manag					Hle@ aecom.c
3c. Tel. No. 410-326-7510	3d. Cell No.		3e. Fax No. 410-326-6986-410		. E-Mail Addr arles.mor	an@aecc	
4a. Type of Establishment (Factory, mir		4b. Principal pro		•			here unit is located:
Aviation Support Maintenance	Overnaul	Service and F	Repair		Solomo		Employees in Unit
5b. Description of Unit Involved	mant times Aircraft A	Inchanias Auto	Machanias Librarians I	Dointoro		100	Employees in Unit:
Included: All regular full time and Supply Techs, Quality / Excluded: Office Clerical,profes	Assurance and Pro	duction Control	, guards ,and supervis		ne act.	or more) o unit wish to	ubstantial number (30% f the employees in the pobe represented by the P Yes No
Check One: 7a. Request for	or recognition as Barg	gaining Representa	ative was made on (Date) _	and E	mployer decli	ned recogn	ition on or about
—	(Date)	(If no reply receive	d, so state). Petition	serves as der	nand		3
	is currently recognize	ed as Bargaining R	epresentative and desires	certification under the Ac	il.		
8a. Name of Recognized or Certified	Bargaining Agent (H	f none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.	1 86	. E-Mail Addr	229	
oc. rei No.	00 0cm 140.		OC. 1 0x 140.			000	
8g. Affiliation, if any			8h. Date of Recognition or	aition or Certification 8i. Expiration Date of Contract, if any (Month)			
9. Is there now a strike or picketing at the	e Employer's establis	shment(s) involved	? NO If so, approx	imately how many emplo	ovees are par	ticipating?	
(Name of labor organization)		, has pick	keted the Employer since (Month, Day, Year)	3-20		
10. Organizations or individuals other th known to have a representative interest	an Petitioner and tho in any employees in	se named in items the unit described	8 and 9, which have claim in item 5b above. (If none,	ed recognition as repres so state)	entatives and	other orga	nizations and individuals
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell	No.
				10e. Fax No.		10f. E-M	ail Address
 Election Details: If the NLRB cond any such election. 			ur position with respect to	11a. Election Type:		Mail _	Mixed Manual/Mail
11b. Election Date(s): July 20, 2018		lection Time(s): m. to 12:00 p.m.	,		11d. Election Location(s): Facility Conference room		
12a. Full Name of Petitioner (including	g local name and no	umber)	ict Lodge 4 Local Lodge 4	12b. Address (street a 2600 Cabover Drive,			
12c. Full name of national or internation International Association of Machinists			r is an affiliate or constituen	t (if none, so state)			
12d. Tel No. 646- 926-2910	12e. Cell No. 513-768-2313		12f. Fax No. 646-902-5720	100000	2g. E-Mail Ad uss@iamaw		
13. Representative of the Petitioner v		ice of all papers for		and the second s			
13a. Name and Title Edward J				d number, city, state, and	d ZIP code)		
13c. Tel No. 646-926-2910	13d Cell No. 513-768-2313		13e. Fax No. 646-902-5720	3.29	3f. E-Mail Add		- 100°00
I declare that I have read the above p		statements are tr				-	
Name (Print)	Signature		Title		Date		
Edward J. Kuss	Edward	Q. Kuss	IAMAW Grand Lodge F	Representative	June 28, 20	18	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 5- RC- 222959	Date Filed	6129/18			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) First Coast Security 1 Independent Drive, Jacksonville FL 32202 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Ms. Amy Skyles SAME 3c. Tel. No. 3f. E-Mail Address 3d. Cell No. 3e. Fax No. 703-592-6106 703-282-8443 301-562-9202 askyles@fcssfl.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Washington, DC Security Contractor Security Services 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time and regular part time security officers employed by the Employer and assigned to the Social Security 6b. Do a substantial number (30% Administration facility located at 1300 D Street, SW 20224 or more) of the employees in the Excluded: All clerical empoloyees, professional employees, managerial employees and supervisors as defined in the Act. unit wish to be represented by the Petitioner? Yes ✓ No and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _ (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8f. E-Mail Address Be. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Manual / Mail Mixed Manual/Mail 11a. Election Type: any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 7/19/2018 Any N/A 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) United Security & Police Officers of America 5620 St. Barnabas Rd. Suite 314, Oxon Hill, MD 20745 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) None 12d, Tel No. 12e. Cell No. 12g. E-Mail Address 12f Fax No. 301-377-9860 301-377-9860 ishun.richards.uspoa@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Ishun Richards, National Vice President 13b. Address (street and number, city, state, and ZIP code) 5620 St. Barnabas Rd. Suite 314, Oxon Hill, MD 20745 13c. Tel No. 13d. Cell No. 13f. E-Mail Address 13e. Fax No. 301-377-9860 301-377-9860 ishun.richards.uspoa@gmail.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date Ishun J. Richards USPOA National Vice President 06/28/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
05-RC-223023	06/29/2018				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3101 Washington Blvd MD Baltimore 21230-1016 Arnold Packaging 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 3101 Washington Blvd MD Baltimore 21230-1016 John Raymond Calvert 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (855) 646-0905 jcalvert@amoldpackaging.com (855) 276-6537 (443) 829-5497 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Deliver packaging supplies Baltimore, MD 5b. Description of Unit Involved 6a. No. of Employees in Unit: 6 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail Mixed Manual/Mail 11a. Election Type:

Manual any such election. 11b. Election Date(s): 7/13/18 or earliest date available 11c. Election Time(s): 11d. Election Location(s): shipping office 7 a.m.- 8 a.m. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Edwin Allen Mulford III
Truck Drivers, Helpers, Taxicab Drivers, Garage Employees and Airport Employees Local Union 355 1030 S Dukeland St MD Baltimore 22122-3122 12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state) International Brotherhood Of Teamsters 12g. E-Mail Address emulford@teamsters355.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (410) 566-5700 (443) 889-4631 (410) 566-1845 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Edwin A. Mulford III Organizer 06/29/2018 16:17:32 Edwin Allen Mulford III

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
05-RC-223023	06/29/2018				

Employees Included Truck Drivers

Employees Excluded warehouse, clerical, supervisors and managers as described by the act

UNITED STATES GOVERNMENT RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 5-RC-223563.	Date Filed 7 5 18				

		THE RESERVE OF THE PARTY OF THE	and the second second			Z - Later Comment of the Comment of	
in which the	employer concerned	is located. Th	e petition mus	st be accompanied by	y both a showing	of interest (se	n NLRB office in the Region e 6b below) and a certificate
							ement of Position form
(Form NLRB-	505); and (3) Descrip	tion of Repres	entation Case	Procedures (Form N	LRB 4812). The s	howing of int	erest should only be filed
	B and should not be:				- 5		
1. PURPOSE Of bargaining by	F THIS PETITION: RC-CE	RTIFICATION OF	REPRESENTA ed as representa	TIVE - A substantial numb tive of the employees. Th	e Petitioner alleges t	hat the followin	for purposes of collective g circumstances exist and
2a. Name of Em		dono Doard proc	2b. A	ddress(es) of Establishme	ent(s) involved (Street	and number, city	State, ZIP code)
	grated Technologic	es, Inc.		7 Leesburg Pike, I			7
	epresentative – Name and an HR Specialist	d Title		3b. Address (If same 7120 Samuel M			21046 Suite 150
3c. Tel. No. 410-872-00		3d. Cell No.		3e. Fex No. 410-872-0044		The second second second	an@Ait-i.com
Guards and	blishment (Factory, mine, Patrol Services	wholesaler, etc.)	4b. Principal pr Guard	oduct or service	***		and State where unit is located: Church, VA
Included All	of Unit Involved full time and regular	part-time prote	ective service	officers and sergea	nts employed by t	he VA 22041	6a. No. of Employees in Unit: 30 6b. Do a substantial number (30%
Excluded:	ployer at the One Si eutenants, Capta					or team and the second	or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No
Check One:	H	(Date)	(If no reply receiv		4		ined recognition on or about
	cognized or Certified Bar	gaining Agent (H	none, so state).	8b. Address	Road , Roseville,	326	
8c. Tel No. 586-772-7250		8d Cell No. UNKNOWN		8e. Fax No. 586-772-9644		ress	
8g. Affiliation, if any			8h. Date of Recognition or Certification October 31, 2015 8i. Expiration Date of Current or Contract, if any (Month, Day, Ye OCTOBER 1, 2018			(Month, Day, Year)	
	strike or picketing at the E or organization)	Notice to the second		d? NOIf so, appn cketed the Employer since	oximately how many e (Month, Day, Year)	mployees are pa	rticipating?
10. Organization known to have a NONE	s or individuals other than representative interest in	Petitioner and tho any employees in	se named in item the unit described	s 8 and 9, which have dai i in item 5b above. (If non	méd recognition as re le, so state)	oresentatives and	other organizations and individuals
10a. Name		10b. Ad	dress		10c. Tel. No.		10d. Cell No.
				T	10e. Fax No.		10f. E-Mail Address
any such elec				ur position with respect to	110.		Mail Mixed Manual/Mail
11b. Election Da JULY 24, 2018		7 a.m	ection Time(s): 9a.m. and 1 p.n	n 3 p.m.			
Union Rights for	of Petitioner (Including Is Security Officers			i a seriata as amalitu	5166 7th Street N		city, state, end ZIP code) C 20011
Stanley Hutchins	f national or international la		or which Peutone	12f. Fax No.	ent (il none, so state)	12g. E-Mail Ad	drass
12d. Tel No. 12e. Cell No. 202-306-0060			301-505-3646			anhutch1228@yshoo.com	
13. Representat	tive of the Petitioner who	will accept servi	ce of all papers	for purposes of the repr	esentation proceeding	g.	
13a. Name and	Title Stanley Hutch	hins, Union	President	13b. Address (street a 5166 7th Street NE, Wash			
13c. Tel No. 202-306-0060		13d. Cell No. 202-306-0060		13e. Fex No. 301-505-3646		13f. E-Mail Ad stanhutch1228	
I declare that I i	nave read the above petit	ion and that the	statements are t	rue to the best of my kno	wledge and belief.		
Name (Print) Stanley Hutchins		Stanler	Huta	Title Majon President		Date 07/05/20	
W	LLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE	PUNISHED BY FINE AN	D IMPRISONMENT (L	J.S. CODE, TITL	E 18, SECTION 1001)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT W	RITE IN THIS SPACE
Case No. 5-RC-223611	Date Filed

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargeining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Constellis 1201 Constitution Avo NW, Washington, DC 20004/1301 Constitution Avo NW, Washington, DC 20004/1200 Pennsylvania Avo NW, Washington, DC 20004 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Michael Goodwin, Labor Relations 12018 Sunrise Valley Dr. Ste 140, Reston, VA 20191 3c. Tel. No. 3f. E-Mail Address 3d. Cell No. 561-406-7971 mike.goodwin@constellis.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: SECURITY SECURITY Washington, DC 6b. Description of Unit Involved 6a. No. of Employees in Unit: Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS PERFORMING GUARD 6b. Do a substantial number (30% DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY CONSTELLIS @ 1201 CONSTITUTION AVE NW.1301 CONSTITUTION AVE NW.1200 PENNSYLVANIA AVE IN WASHINGTON, DC 20004 or more) of the employees in the unit wish to be represented by the Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT. Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). NONE 7b. Pelitioner is currently recognized as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 5620 St. Barnabas Rd. STE 314, Oxon Hill, MD 20745 8c. Tel No. 8d Cell No. Be. Fax No. 8f. E-Mail Address 202-277-0926 8g. Affiliation, if any 8h. Date of Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO. If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a. Name 10b Address 10c Tel No. 10d. Cell No. 10f E-Mail Address 10e Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): July 31, 2018 Mail 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union, Security, Police and Fire Professionals of America (SPFPA) 25510 Kelly Road, Roseville, MI 48066 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA) 12d. Tel No. 12g. E-Mail Address 586-772-7250 586-772-9644 organize@spfpa.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Gordon Gregory, General Counsel 13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226 13d. Cell No. 13e, Fax No. 13f. E-Mail Address 313-964-5600 313-964-2125 Gordon@UnionLaw.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date David L. Hickey International President

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No. Date Filed
5-RC-224096
Date Filed

7120118

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) CSI CORP DC 5404 Rue Saint Lo Dr. Reisterstown, MD 21136 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Johnetta Holland - President 633 Pennsylvania Ave, NW 3rd Floor, Washington, DC 20004 3d Cell No 3f F-Mail Address 202-393-1100 202-393-1103 4b. Principal product or service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: SECURITY AGENCY SECURITY Reisterstown, MD 5b. Description of Unit involved 6a. No. of Employees in Unit: Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS, INCLUDING CORPORALS, PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR 6b. Do a substantial number (30% or more) of the employees in the RELATIONS ACT, EMPLOYED BY CSI CORP DC @ 5404 RUE SAINT LO DR., REISTERSTOWN, MD 21136 unit wish to be represented by the Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT. Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). NONE 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a, Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address NONE 8c. Tel No. 8d Cell No. Be. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mixed Manual/Mail Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 8/9/18 5-7 AM & 1-3 PM Armory Bullding 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) 25510 Kelly Road, Roseville, MI 48066 International Union, Security, Police and Fire Professionals of America (SPFPA) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA) 12d. Tel No. 12e. Cell No. 12f. Fax No 12g. E-Mail Address 586-772-7250 X111 586-872-5634 586-772-9644 organize@spfpa.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Gordon Gregory, General Counsel 13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226 13c. Tel No. 13d Gell No. 13e. Fax No. 13f. E-Mail Address 313-964-5600 313-964-2125 Gordon@UnionLaw.net I declare that I have read the above petition ements are true to the best of my knowledge and bellef. Name (Print) Tite Date David L. Hickey International President 7/19/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

FORM NLRB-602 (RC) (2.18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

1	DO NOT WRITE	IN THIS SPACE
Cas	e No.	Date Filed
	5-RC-224691	8/1/18

INSTRUCTIONS: Union amployer concerned the employer and all Case Procedures (Fo	is located. The potter parties nai	netition must med in the p	be accompanied stitlen of: (1) the	by both a si petition; (2) 5	Statement of Posit	(see 6b belo don form (Fo	ow) and a om NLRE	certificate 1-505); and	of service sh (3) Description	owing sa on of Rep	rvice on resentation
PURPOSE OF THIS bargaining by Patitio requests that the N	ner and Petitione	r desires to b	e certified as repre	sentative of t	he employees. The	Pettioner s	lleges th	at the follow	wing circums	tances ex	
PEACHTREE H dba Peach Tree	EALTH GR	OUP, LI	C. 269		Establishment(e) in Georgetown H					e):	
3a. Employer Represe Tina Foskey, Adm		nd Title:	3b. A San		ne as 2b - state sen	ne):					
3c. Tel. No. (302) 684-4002	, 3d.	Cell No.		36. Fex No. 302-684	The state of the s	1000	Mail Add	ress eachtreeh	g.com .		
le. Type of Establishme		, wholesaler,	etc.)		pal Product or Servi			장이 어머니 친에 하라다	State where t	mit is local	ted;
Assisted Living Nur			+	Provide	healthcare serv	loes.			Delaware	L- 11-16	
	starty extendulad tense				r Incheding Certified Mur reloyees and Maintener		- 1	16	of Employees	sn Unic	
Professional	employees, Guards as	nd Supervisors a	s defined by the Acs.		faragerial employees,			of the en		unit wish	r more) to be Yes N
70.P	about (Date) stitioner is current	no reply by recognized	(If no reply as Bargaining Re	received, so presentative	end desires certific	ation under the	-	:.mployer de	clined recogn	10071	
8a. Name of Recogniz	ad or Certified B	largaining A	gent (If none, so s	tate) 8b. A Na	ddress:	•			33194		
Sc. Tel. No.		Cell No.		Se. Fex N	о.	0.75000	E-Mail Add	tress			
n/a 8g. Affiliation, if any: n/a	n/	8		n/a 8h. Date of F	Recognition or Certi	n/a	cotration	Date of Cur	rent or Most Aonth, Day, Yo	n/s	
9. to there now a strike (Name of Labor Orga 10. Organizations or ind individuals known to	inization) Syldusia other the	ın Petitioner	n/ and those named i	a n Rems 6 and	8, which have clair	, has p	picketed # lon as rep	ne Employer resentatives	are participati since (Month and other org	Day, Yes	
none 10s. Name		1106	Address			1100	Tel. No.	1	lod, Cell No.		
n/a		n/a				n/e		- 1	n/a		
		1				t0e n/a	. Faox No.		10f. E-MaalAd n√a	dress	
11. Election Dotate: If	the NLRB condu	١.		tome your poe	ition with respect to			Manual X	MeM [Mixed	Manual/Mail
11b. Election Date(s):	218		Election Time(s): 0am to 8:00am			10000	C. C.	Location(s): Room ne	ext to supply	room.	
12a, Full Name of Peti United Food & Co	tiones (Including				12b. Address (str 21 West Rd,	reet and num	ber, city, S	State and ZI	P code):		
12c. Full name of nation United Food & Con				atitioner is en	affiliate or constitue	ant (if none, s	o state):				
12d Tel No.	n/			121. Fax I		ufo	. E-Mail A w.org	water the same		V	
13. Representative of 13a. Name and Title: Nelson L. Hill, Ass			ot service of all p	13b. Add	rposes of the reprincess (street and nur st Rd, Suite 200	mber, city, St	ate and Z	IP code):			
13c. Tel No. 410-337-2700	30	d. Cell No. 02-632-453		13a. Fax 410-307	7-1799	n.t	E-Mail A		**		
I declare that I have re Name (Print)	ad the above pe	rtition and th	Signature	s are true to t	the best of my long	Title	belief.				Own
Nelson L Hill			A	1		OH6000000000000000000000000000000000000	ant to the	e Presider	nt		8/1/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or frigation. The routine uses for the Information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, faiture to supply the information may cause the NLRB to decine to Invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE	IN THIS SPACE
DO NOT WRITE	IN THIS SPACE
Case No. 5-RC-224908	Date Filed 8/3/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 9121 Euclid Ave VA Manassas 20110-Primoris services corporation 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 9121 Euclid Ave VA Manassas 20110 Patrick Doss 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f F-Mail Address (703) 335-1191 (703) 898-9692 (703) 335-9776 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: **Underground Utilities** Manassas, VA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 58 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 8/10/2018 9121 Euclid Ave. Manassas VA, 20110 6:00 am 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Jose A Ventura International Union of Operating Engineer's Local 77 4546 Brittania Way MD Suitland 20746-4274 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Union of Operating Engineer's 12g. E-Mail Address Jventura@local77.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (571) 309-3124 (240) 719-2543 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Jose A Ventura Organizer International Union Of Operating Engineers Local 77 4546 Brittania Way MD Sui land 20746 13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address Jventura@local77.com (301) 899-6900 (571) 309-3124 (240) 719-2543 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Jose A. Ventura Organizer 08/1/2018 17:25:13 Jose A Ventura

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

Employees Included 58

Employees Excluded management

	DO NOT WRITE IN THIS SPACE				
Case		Date Filed			
	5-RC-224908	8/3/18			

FORM NLR8-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS S	
Case No. 05-RC-224919	08-03-2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, | www.nirb.gov/ |, submit an original of this Patition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service ahowing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Politioner and Politioner desires to be certified as representative of the employees. The Politioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Road Hanover, PA, 17331 Kaging Corporation of America 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same); ones Plant Manager Samo 3d. Cell No. 3e. Fax No. diones@ packaging Corp. com 5a. City and State where unit is located: Hanover, PA 4b. Principal Product or Service Cartony DOXES 6a. Number of Employees in Unit Included: all tull-time and regular part time production and muntemme 6b. Do a substantial number (30% or more) all office, clerical, Supervisors and quards as defined by the Act of the employees in the unit wish to be represented by the Petitioner? Yes No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 14 1001. and Employer declined recognition (if no reply received, so state). on or about (Data) 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8s. Name of Recognized or Certifled Bargaining Agent (If none, so state) NONE Bc. Tel. No. 8f. E-Mail Address So. Affillation, if any 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 8. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 55 above. (If none, so state) 10a. Name 10b. Address 10d. Cell No. NONE 101. E-Mail Address 10e Fax No. 11. Election Details: If the NLRS conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 6.00 Am - 8:00 AM and Dwom- You An 12b. Address (street and number, city, State and ZIP code): United Steel , Paper and Forestry, Rubber, Manufacturing Energy, Allied Industrial and Service 724-263 412-834-8140 734-363 -1039 H13839 3861 KWEAVE Kweaverk 13b. Address (street and number, city, State and ZIP code). WEAVER Staff Representative 13c. Tel. No. 412-824-8140 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date 8-3-18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE	IN THIS SPACE
Case No. O 5-RC-225000	Date Filed 08-03-2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 8210 Beechcraft Ave MD Gaithersburg 20879-1587 Challenger Transportation, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 8210 Beechcraft Ave MD Gaithersburg 20879-1587 David Mohebbi 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address dmohebbi@regencytaxi.com (301) 990-6000 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Gaithersburg, MD Transportation Paratransit Service 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: See Attached Page 2 for additional details Petitioner? Yes [] No [] and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10b. Address 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): August 22, 2018 11d. Election Location(s): 11c. Election Time(s): 5:00-8:00 am, 1:00-3:00 pm, 5:00-9:00 pm Training Room 12a. Full Name of Petitioner (including local name and number)
Daniel B. Smith
Amalgamated Transit Union 12b. Address (street and number, city, state, and ZIP code) 10000 New Hampshire Ave MD Silver Spring 20903-1790 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Amalgamated Transit Union 12g. E-Mail Address dsmith@atu.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (301) 431-7100 (202) 714-4219 (301) 431-7116 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION 10000 New Hampshire Ave DC Silver Spring 20903-1790 13c. Tel No. 13d. Cell No. 13f. E-Mail Address dsmith@atu.org (202) 714-4219 (301) 431-7100 (301) 431-7116 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Daniel B. Smith Assistant General Counsel 08/3/2018 14:04:17 Daniel B. Smith

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE

Case Date Filed

05-RC-225000 08-03-2018

Employees Included

All full time and regular part time operators, trainers, mechanics, utility workers, lot attendants and dispatchers employed by the Employer at its Gaithersburg facility.

Employees Excluded

All other employees, office clerical employees, guards, managers, and supervisors as defined by the Act.

FORM NLRB-502 (RC) (4-15)

David L. Hickey

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE	IN THIS SPACE	
Case No. 5-AC-225113	Date Filed	8/6/18

8/3/18

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 8901 Wisconsin Ave., Bethesda, MD 20889/4301 Jones Bridge Rd., Bethesda, MD 20814 Diversified Protection Corp & Cogar Group, Ltd 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Nathaniel White - President 2121 Eisenhower Ave., Suite 500 Alexandria, VA 22314 3c. Tel. No. 3d Cell No. 3f F-Mail Address 702-591-2225 nathaniel.white@dpcsecurity.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service SECURITY AGENCY Bethesda, MD SECURITY 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY Diversified Protection Corp. & 6b. Do a substantial number (30% or more) of the employees in the Cogar Group, Ltd @ 8901 Wisconsin Ave, Bethesda, MD 20889 / 4301 Jones Bridge Rd, Bethesda, MD 20814 unit wish to be represented by the Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT. Petitioner? Yes ✓ No and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) (Date) (If no reply received, so state). none 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address Federation Of Police and Security-Sandra King 12 Woodstream Ct. Unit 2, Owings Mills, MD 21117 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. F-Mail Address 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) October, 31, 2018 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d. Cell No. 10c Tel No. 10a. Name 10b. Address 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Mail August 20, 2018 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union, Security, Police and Fire Professionals of America (SPFPA) 25510 Kelly Road, Roseville, MI 48066 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA) 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 121 Fax No. organize@spfpa.org 586-772-7250 X111 586-872-5634 586-772-9644 13. Representative of the Patitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Gordon Gregory, General Counsel 13b. Address (street and number, city, state, and ZIP code) 65 Cediflec Square, Suite 3727, Detroit, MI 48226 13f F-Mail Address 13c. Tel No. 13d. Cell No. 13e, Fax No. 313-964-5600 313-964-2125 Gordon@UnionLaw.net d that the statements are true to the best of my knowledge and belief. I declare that I have read the above petition Name (Print)

WILLFUL FALSE STATEMENTS ON HIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

International President

Solicitation of the information on this form is authorized by the Netional Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation: The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

...

E-71.0

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE	IN THIS SPACE
5-RC-225120	Date Filed 817/18

				990190			
INSTRUCTIONS: Unless e-Filed us	ing the Agend	cy's website, w			etition to a	n NLRB office in the Region	8
in which the employer concerned i	s located. Th	e petition musi	t be accompanied by	both a showing of	interest (se	e 6b below) and a certificate	
of service showing service on the							
(Form NLRB-505); and (3) Descript with the NLRB and should not be s	ion of Repres	entation Case	Procedures (Form Ni	LRB 4812). The sho	wing of int	erest should only be filed	0.000
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION O	F REPRESENTAT	IVE - A substantial number	r of employees wish to b	e represented	for purposes of collective	-
bargaining by Petitioner and Petitioner de requests that the National Labor Relati	esires to be certif	fied as representati	ve of the employees. The	Petitioner alleges that	the following	g circumstances exist and	
2a. Name of Employer			ddress(es) of Establishme				
Vantage Foods PA LP		2700	Yetter Court, Can				
3a. Employer Representative – Name and Jon Tucker, Service Center Mai		<i>y</i>	3b. Address (If same a	s 2b - state same)	2 - 1 - 1 - 2		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		f. E-Mail Add	ress	
717-317-5857			717-317-5862	, J	on.tucker(@vantagefoods.net	
4a. Type of Establishment (Factory, mine, w		4b. Principal pro				and State where unit is located:	
Case ready meat processing and packi	ng facility	meat proces	sing and packing		Camp	Hill, PA	
5b. Description of Unit Involved Included: (See attached)	3					6a. No. of Employees in Unit: approx. 450	
						6b. Do a substantial number (30%	6
Excluded: (see attached)						or more) of the employees in the unit wish to be represented by the	4
- Armenen and Arme						Petitioner? Yes V No	19.50
		gaining Representa	tive was made on (Date)	7/31/18 and I	Employer deci	lined recognition on or about	
No reply		(If no reply receive					-
8a. Name of Recognized or Certified Barg	rently recognize	f none so statel	epresentative and desires 8b. Address	certification under the A	ct.		-
None	, , , , , , , , , , , , , , , , , , ,	· mone, oo atatoj.	00.7100.000				
8c. Tel No.	8d Cell No.		8e. Fax No.	8	f. E-Mail Addr	ress	
8g. Affiliation, if any	Last ()		8h. Date of Recognition of			Date of Current or Most Recent y (Month, Day, Year)	
9. Is there now a strike or picketing at the Er	nployer's establis	shment(s) involved	? No If so, appro	ximately how many emp	oyees are par	rticipating?	
(Name of labor organization)			keted the Employer since	(Month, Day, Year)			
10. Organizations or individuals other than F		se named in items	8 and 9, which have clain	ned recognition as repres	sentatives and	d other organizations and individual	s
known to have a representative interest in a	ny employees in	the unit described	in item 5b above. (If none	e, so state)			
None 10a, Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
100.	1.00.110	4,000		1890 1800 1800		1	
				10e. Fax No.		10f. E-Mail Address	
 Election Details: If the NLRB conducts any such election. 	an election in th	is matter, state you	r position with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manual/Mail	
11b. Election Date(s): Thursday, August 30, 2018	De2003 (100 Text 100 F)	lection Time(s):	m; 5pm-7:30 pm	11d. Election Location Brine Make-Up Roo			
12a. Full Name of Petitioner (including lo			т, орт-т.оо рт			city, state, and ZIP code)	=
United Food and Commercial Work			tate .	3031A Walton Road	I, Plymouth	Meeting, PA 19462	
12c. Full name of national or international la United Food and Commercial Workers I			is an affiliate or constitue	nt (if none, so state)			4
12d. Tel No.	12e, Cell No.		12f, Fax No.		2g. E-Mail Ad		
	610-513-9949		610-941-9525		urnell@ufcw	/1 / / 6.org	- 10
13. Representative of the Petitioner who was a series of the Petitioner who was a seri	- 2		13b. Address (street an	d number, city, state, an , 1845 Walnut Street, 24th Fi		a, PA 19103	
13c. Tel No. 215-656-3608	13d. Cell No.		13e. Fax No. 215-561-5135	1	3f. E-Mail Add	dress	
I declare that I have read the above petition	on and that the	statements are tru					-
The state of the s	nature .	11/1	Title .		Date	A TOTAL TOTAL	\dashv
Laurence M. Goodman	inu/	mon	Legal Counsel		August 7, 2		
WILLELL EALSE STAZEMEN	ITS ON THIS DE	TITION CAN BE	DIMIGHED BY CINE AND	IMPRISONMENT (III S	CODE TITLE	F 18 SECTION 1001\	-

PRIVACY ACT STATEMENT

<u>Included:</u> All full-time and regular part-time production and maintenance employees, including shipping employees, receiving employees, packaging employees, product auditors, line leads and plant clericals employed by the Employer at its 2700 Yetter Court, Camp Hill, PA facility.

<u>Excluded:</u> All other employees, including finish product auditors, QA techs, lab techs, QA leads, office clerical employees, confidential employees, managers, security guards, and supervisors as defined in the Act.

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 5-RC-225265	Date Filed 8/8/18			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZiP code): John F. Kennedy Ctr. for the Performing Arts 2700 F. Street, NW, Washington, D.C. 20566 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Deborah F. Rutter, President Same as above. 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (202) 416-8000 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Washington, D.C. Performance Venue Performance Venue 5b. Description of Unit Involved: 6a. Number of Employees in Unit Included: See attached 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? X Yes No See attached Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition on or about (Date) N/A (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None. 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): August 21, 2018 11:00 a.m.to 3:00 p.m. Conference Room at Kennedy Center 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): International Alliance of Theatrical and Stage Employees, 1810 Hamlin Street, NE Local 22 Washington, D.C. 20018 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Alliance of Theatrical and Stage Employees, AFL-CIO 12f Fax No. 12g. E-Mail Address 12e. Cell No. 202-269-0212 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: Keith R. Bolek and Jennifer Simon, O'Donoghue & O'Donoghue LLP Attorneys for IATSE Local 22 5301 Wisconsin Ave., NW, Suite 800, Washington, D.C. 20015 13f. E-Mail Address 13c Tel No 13d Cell No 13e Fax No 202-362-0041 202-2640 kbolek@odonoghuelaw.com, I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Keith R. Bolek Attorney for Local 22

ATTACHMENT

5b. Description of Unit Involved:

Included:

All full-time, regular part-time and casual camera operators, switchers, editors and digital content creators employed in the electronic media division of the Employer at its Washington, D.C. facility.

Excluded:

All managers, office clerical employees, professional employees, guards and supervisors as defined by the National Labor Relations Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

					_	-
Case	No					
0000	~ -		-	-		
E	9C -	ココド	n	a	1	
-2-	11	GAOL 7	1	0		

DO NOT WRITE IN THIS SPACE Date Filed 8/16/18

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should <u>not</u> be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer

Diversified Protection Corpo	ration	1401 5	S. Clark St./1901 S. Bell S	t./2100 Crystal Dr./2200	Crystal Dr./24	51 Cryste	al DrArlington, VA 22202		
3a. Employer Representative - Na	me and Title		3b. Address (If same as 2b – state same)						
Nathaniel White			2121 Eisenhower	Ave. Suite 500 Ale	exandria, VA	22314			
3c. Tel. No.	3d. Cell No.	-	3e. Fax No.		3f. E-Mail Addr	7 TM 1. 17 TM T.P. T			
702-591-2225	301-710-067			r		-	csecurity.com		
4a. Type of Establishment (Factory, SECURITY AGENCY	mine, wholesaler, etc.)	4b. Principal pro	oduct or service		5a. City a		where unit is located:		
5b. Description of Unit Involved							of Employees in Unit:		
Included: ALL FULL-TIME AN SECRITY OFFICERS PERFOI RELATIONS ACT, EMPLOYEI Excluded: ALL OFFICE CLERICA	RMING GUARD DUTI BY DIVERSIFIED P	ES AS DEFINE ROTECTION C	D IN SECTION 9(b)(3) ORPORATION LOCAT	OF THE NATIONAL ED IN ARLINGTON,	LABOR VA	or more) unit wish	substantial number (30% of the employees in the to be represented by the r? Yes No		
H =		(If no reply receive	ve was made on (Date) ed, so state). NONE Representative and desires			ned recog	nition on or about		
8a. Name of Recognized or Certifi UGSOA			8b. Address	ry Highway, East War		38			
8c. Tel No. 774-678-0936	8d Cell No.		8e. Fax No. 774-678-4658		8f. E-Mail Addr	ess			
8g. Affiliation, if any			Bh. Date of Recognition of	MANAGEMENT CONTRACTOR	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
Organizations or individuals oth known to have a representative inte NONE None		the unit described			sentalives and	10d. Ce			
	W	ZIZZE		10e. Fax No.	72.	10f. E-N	Mail Address		
11. Election Details: If the NLRB of any such election.	onducts an election in thi	is matter, state yo	ur position with respect to	11a. Election Type:	Manual	/_Mail_	Mixed Manual/Mail		
11b. Election Date(s): 9/5/18	11c, El MAIL	lection Time(s):		11d. Election Location(s): MAIL					
12a. Full Name of Petitioner (includent line) International Union, Security, Police	e and Fire Professional	ls of America (SF		12b. Address (street 25510 Kelly Road, F			and ZIP code)		
12c. Full name of national or international Union, Security, Police	하는 사람이 되면 가장 없는 사람들이 가장 하는 것이 없는 것이 없는 것이 없다.		FPA)						
12d. Tel No. 586-772-7250 X111	12e. Cell No. 586-872-5634		12f. Fax No. 586-772-9644	lo	12g. E-Mail Add rganize@spfp				
13. Representative of the Petition 13a. Name and Title Gordon (nd number, city, state, a					
13c. Tel No. 313-964-5600	13d. Cell No.		13e. Fax No. 313-964-2125	7 1/2	13f. E-Mail Add ∂ordon@Unior				
I declare that I have read the above	e petition and that the	statements are tr	ue to the best of my know	whedge and belief.					
Name (Print) David L. Hickey	Signature	A S	Title International President		Date 8/15/18				

PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

13°

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
5-RC-225884	8/20/18				

	Andrew Control of the							The same of the sa	
INSTRUCTIONS: Unless e-Filed in employer concerned is located. the employer and all other parties case Procedures (Form NLRB 4).	The petition must be accord as named in the petition of:	npanied by (1) the pet	both a si ition; (2) s	nowing of interest (s Statement of Position	ee 6b below) a n form (Form I	nd a certifica (LRB-505); ar	te of service showing ad (3) Description of	g service on Representation	
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	Itioner desires to be certified	as represed	ntative of t	he employees. The P	etitioner allege	s that the fol	lowing circumstance		
2a. Name of Employer:		2b. Addr	ess(es) of	Establishment(s) Invo	olved (Street an	d number, City	, State, ZIP code):		
Paragon Systems Inco	orporated	1356	55 Dul	les Technolog	y Dr., Sui	te 100, H	ernon, VA 201	171	
3a. Employer Representative - Na	ime and Title:	36. Addr	ess (if sen	ne as 2b - state same,):				
Tony Davis	·	same	1						
3c. Tel. No.	3d. Cell No.	1	3e. Fax N			Address			
		-		33-9527		@parasy	s.com		
4a. Type of Establishment (Factory,	mine, wholesaler, etc.)			al Product or Service)		nd State where unit is	located;	
Staffing provider			Securi	ty services			gton, D.C.		
5b. Description of Unit Involved: Included:						6a. Numb	er of Employees in Un	it;	
See attachment						100			
Excluded:						of the	substantial number (30 employees in the unit ented by the Petitione	wish to be	
Check One: 7a. Request for re					NA .	and Employer	declined recognition		
on or about (Date)) NA (If urrently recognized as Barga	no reply re			an under the An				
8a. Name of Recognized or Certif				Idress:	ou mical ma vc	1.			
See attachment	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0 0000000	attachment					
8c. Tel. No.	Bd. Cell No.		Be. Fax No		IRI E-Mai	Address			
586-772-7250	00. Can 140.			72-9644		don@spfa.org			
8g. Affiliation, if any:			-	ecognition or Certifica	ation 81. Expira	tion Date of C	urrent or Most (Month, Day, Year)		
Is there now a strike or picketing (Name of Labor Organization)	al the Employer's establishm	eni(s) invol	No Year	il so, appro			s are perticipating? er since (Month, Day,	Year)	
10. Organizations or individuals other	er than Petitioner and those r	named in ite	ms 8 and	9, which have claimed	d recognition as	representativ	es and other organiza	tions and	
individuals known to have a repr									
none									
10a. Name	10b. Address			,	10c. Tel.	No,	10d. Cell No.		
					10e, Fax	No.	10f. E-Mall Address		
11. Election Details: If the NLRB co	onducts and election in this n	natter, state	your posi	lon with respect to an	ny such election	11a. Electio	n Type		
						Manua	Mail Min	ed Manual/Mail	
11b, Election Date(s):	11c. Election T	lme(s):			11d. Elec	tion Location(
September 4, 2018									
12a. Full Name of Petitioner (inclu	ding local name and number):		12b. Address (street	t and number, c	ity, State and	ZIP code):		
International Guards U	Inion of America (I	GUA)		P.O. Box 663	33 Oak Ri	dge, TN	37831		
12c. Full name of national or interna	itional labor organization of w	hich Pelitio	ner is an e	ffiliate or constituent	(il none, so stat	θ):			
International Guards U									
12d. Tel. No. 505-470-5487	12e. Cell No.	1	12f. Fax N	о.	12g. E-M	all Address	The same of the sa		
13. Representative of the Petition	er who will accept service	of all paper	s for pure	oses of the represe	ntation proces	ding.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
13a. Name and Title:				ss (street and numbe					
Amanda Lively, Attorney		1	16501	Ventura Blvd.,	Suite 304				
13c. Tel. No.	13d. Cell No.	1	13e. Fax N	lo.	131, E-Me	iil Address			
818-501-8030 x326				10-5306		@wkcle	gal.com	1	
I declare that I have read the above	ve petition and that the state	éments an	true le th	e best of my	edge and belle				
Name (Print)	Signaylu	re		N. Carlotte	Title			Date	
Amanda Lively	120	11	1_	1	Attorney	at Law		8/20/2018	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FIRE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

DENVACY BAT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRS), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRS) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Doc. 13, 2006), The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

5b.

Included:

All full-time and regular part-time armed and unarmed Protective Security Officers employed by Paragon Systems assigned to Federal facilities at the St. Elizabeth's Complex in Washington, D.C.

Excluded:

All office clerical employees, managerial employees, and supervisors as defined by the National Labor Relations Act.

8a.

International Union, Security, Police, and Fire Professionals of America

8b.

25510 Kelly Road

Roseville, MI 48066

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
5-RC-225958	8/20/18				

INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	he petition must I named in the pet	e accompanition of: (1) ti	led by te petit	both a si ilon; (2) S	nowing of interest (se Statement of Position	re 6b b form (ielow) and (Form NL)	i a certificat RB-505); and	e of service sho d (3) Description	wing so of Rep	orvice on presentation
PURPOSE OF THIS PETITION: For bargaining by Potitioner and Politic requests that the National Laboratory	oner desires to be	certified as re	presen	tative of t	he employees. The Pe	titlone	r alleges	that the foll	owing circumsta	ances e	
2a, Name of Employer:		2b	, Addre	ss(os) of	Establishment(s) involved	lved (St	treet and i	number, City,	State, ZIP code)):	
Al Jazeera International, I ra English)		I Jazee 12	200 N	New H	ımpshire Avenu	ie, 2n	nd Floo	r, Northy	vest, Washir	ngton	DC, 20036
3a, Employer Representative - Nam	ne and Title:	3b	. Addre	ss (if san	ne as 2b - stata same):						
Beatrice Nyamekye, Senic		source Sa	ame								
s Officer, Al Jazeera English											
3c. Tel. Na.	3d. Cell No.		3	Bo. Fax N	D.	31	f. E-Mail A	ddress	*		
202-496-4500	202-446-76	571					beatrice	e.nyamek	e@aljazeera	net.	
4a. Type of Establishment (Factory, r	nine, wholesaler, e	(c.)	4	b. Princip	al Product or Service			5a, City an	d State where un	it is loca	ated:
News Network				Televis	ion News			Nationwi	de		
5b. Description of Unit Involved:								6a. Numbe	r of Employees in	n Unit:	
Included: See Attached									65		
Excluded:									obstantial number		
See Attached									nled by the Petiti		
Check One: 7a, Request for rec							an	d Employer o	leclined recogniti	on	
on or about (Date) 7b. Petitioner is cui				eived, so		e undo	r the Act				
8a, Name of Recognized or Certific					ddress:	ii unusi	II IIII ALL				-
None	a wat garreng mg	ene (a none) a	- 4.2.0								
Bc. Tel. No.	8d. Cell No.		Be, Fax No. 8f			8f. E-Mail Address					
8g. Affiliation, if any:			8h.	Date of R	ecognition or Certificati				rrent or Most Month, Day, Yea	ar)	
O la disease annua a della annualista della di	t the Constant of	s a la lia la sa a a béa) involv	IA Chai	Wee anneau	vimatal	u how mor	au amalauaa	are participation	-2	
9. Is there now a strike or picketing a	(the Employers e	stabiisnmentijs) invoiv	lear NO	ii su, approx				are participating		
(Name of Labor Organization)						-			er since (Manth, I		
Organizations or individuals other individuals known to have a repre-									s and other orga	nization	s and
None	Len					Las		**.			
10a, Name	106.7	Address				10	10c, Tel, No.		10d, Cell No.		
						10	0e. Fax N	0.	10f. E-Mail Addr	ess	
11. Election Details: If the NLRB co	nducts and election	in this matter	, state	your posit	ion with respect to any	such e	election:	11a, Election			
							ļ	Manua Manua	Mail X	Mixed	Manual/Mail
11b. Election Date(s):	11c. E	lection Time(s	s):			1	1d. Election	n Location(s):		
As Soon as Practicable											
12a. Full Name of Petitioner (include	ling local name an	d number):	11	Total Control	12b. Address (street	and nu	ımber, city	, State and 2	IP code):		
Screen Actors Guild - Arr and Radio Artists (SAG-A		ation of T	elevi	sion	1900 Broadwa	ay, 5	ith Floo	r, New Y	ork, NY 100:	23	
12c. Full name of national or Internati	onal labor organiza	ation of which i	Petition	er is an a	filiate or constituent (i	(if none,	, so state)				
AFL-CIO	-				18		n ê				
12d. Tel. No.	12e, Cell No.		1	12f. Fax N	lo.	12	2g. E-Mail	Address			
212-863-4206	30000000000000000000000000000000000000						•				
13. Representative of the Petitione	r who will accept	service of all	paper	s for pur	poses of the represen	ntation	proceed	ing.			
13a. Name and Title:					ess (street and number						
See Attachment B											
13c. Tel. No.	13d. Cell No.		1	13e. Fax 1	No.	1;	3f. E-Mail	Address			
I declare that I have read the above	e petition and tha	t the stateme	nts are	true to t	he best of my knowle	edge an	nd belief.				
Name (Print)		Signature			"	Title					Date
Maggie Russell-Brown		2	1.	76	1111.2	Or	rganizir	ng Directo)r	-	8/20/2018

Attachment A (5b):

5.B. Included: All full time and regular part time U.S. based employees of Al Jazeera English who create content for news, programming, and the investigative unit including Correspondents, Senior Correspondents, Video Journalists, Creative Producers, Hosts, Senior Hosts, Presenters, Reporters, Senior Reporters, Associate Producers, Assistant Producers, Producers, Interview Producers, Senior Interview Producers, Senior Producers, Planning Producers, Field Producers, Senior Planning Producers, Senior Planning Editors, Senior Commissioning Producers, Deputy News Editors, News Editors, Diplomatic Editors, Editors, Planning Editors, Camerapersons and Senior Camerapersons.

Excluded: All other employees, freelancers, contributors, contractors, interns, fellows, guards and supervisors as defined under the Act, as amended.

Attachment B 13(a-f):

Joshua Mendelsohn, Senior Labor Counsel, SAG-AFTRA 1900 Broadway, 5th Floor, New York, NY 10023

Phone: 212-863-4292

Fax: (212) 532-2625

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
5-RC-226622	8/31/18					

			· ·			ATT.					
INSTRUCTIONS: Unless e-Filed of employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 48	The petition missing and the samed in the	ust be accomp petition of: (panied b	y both a s tition; (2)	howing of interest (s Statement of Position	ee 6b below n form (For	y) and a co n NLRB-5	ertificat 05); an	te of service d (3) Descrip	showing tion of R	service on epresentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pe	tioner desires to	be certified a	s represe	entative of t	the employees. The P	etitioner all	eges that	the foll	owing circur	nstances	
2a. Name of Employer:	*******		2b. Add	ress(es) of	Establishment(s) invo	olved (Street	and numb	er, City	, State, ZIP co	ode):	
SDAC			910	Landlin	e Road Selm	na, AL 3	6701				
3a. Employer Representative - Na	me and Title;		3b. Add	ress (if san	ne es 2b - state same	J:					
Keith Laird			same	е							
3c. Tel. No.	3d. Cell No.		1	3e, Fax N	0.	T3f, E-I	Mail Addre	ss			
334-407-9741	same			none	50	1000000000	rd@sd		.com		
4a. Type of Establishment (Factory,	mine, wholesal	er, etc.)		4b. Princip	pal Product or Service				d State where	unit is lo	cated:
Army Base				Facilit	es Maintenand	ce	W	ashing	gton, DC		
5b. Description of Unit Involved: Included: All full-time and regular part Fort McNair Army Base in V		employed by the	employer	and engaged	in facilities maintenance	at	6a.	Numbe	er of Employee	es in Unit:	## ### 12.
Excluded: All clerical employees, all ma	· T			4	*******	fined by the Ac	t.	of the e	ubstantial num employees in tented by the P	he unit wi	sh to be
Check One: X 7a. Request for re- on or about (Date)		rgaining Repre		was made		31-2018	and Em	ployer	declined recog	nition	
7b. Petitioner is cu						on under the	Act.				
8a. Name of Recognized or Certifi					ddress:					10 - 31 - 10 - 1	
none				i de							
8c, Tel. No.	8d. Cell No.			8e. Fax N	o.	8f. E-N	Mail Addres	ss	•		
8g. Affiliation, if any:			81	. Date of R	lecognition or Certifica				rrent or Most (Month, Day,		
9. Is there now a strike or picketing a	t the Employer	's establishme	nt(s) invo	lved? No	If so, appro	ximately how	many em	ployees	s are participa	ting?	
(Name of Labor Organization)				_		, has pic	keted the E	Employe	er since (Mon	th, Day, Y	ear)
 Organizations or individuals other individuals known to have a representation. 	r than Petitione esentative inter	r and those na est in any emp	med in it loyees in	ems 8 and the unit de	9, which have claimed escribed in item 5b about	d recognition ove. (If none	as repres so state)	entative	es and other o	rganizatio	ns and
none											
10a. Name	10	b. Address				10c. T	el. No.	Ş	10d. Cell No.		
						10e. F	10e. Fax No. 10f. E-Mail Address				
11. Election Details: If the NLRB co mail ballot due to high					tion with respect to an	y such elect					
11b. Election Date(s):		c. Election Tim				1114 5	lection Loc	AS DOLLARS OF THE	I X Mail	Mixe	d Manual/Mail
9-24-2018		S Mail	16(5).			US		auonįs	.).		
12a. Full Name of Petitioner (includent International Union of Control of Con				al 99	12b. Address (street 2461 Wiscon					OC 200	007
12c. Full name of national or internat International Union of C				oner is an a	affiliate or constituent	(if none, so s	tate):				
12d. Tel. No. 202-337-0099	12e. Cell No. 202-253-	5440		12f. Fax N 202-62	o. 25-7982		-Mail Addr		hotmail.	com	*** = ** · · ·
13. Representative of the Petitione	r who will acc	ept service of	all pape	rs for purp	ooses of the represe	ntation proc	eeding.				
13a. Name and Title: Earnon Clifford			1		ess (street and number Visconsin Ave. I			200	2007		
13c. Tel. No.	13d. Cell No.			13e. Fax N			Mail Addre				
202-337-0099	202-253-				25-7982	eam	oncliff	ord@	hotmail.	com	
declare that I have read the above Name (Print)	petition and t			e true to th	ne best of my knowle	Title	llef.				/ Date
Eamon Clifford		Signature	<u></u> М	C		Lead C)rganiz	er			8-31-18
			<u> </u>	-		2000	Hulliz	-			100.0

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No. 05-RC-226812	Date Filed	9-5-2018					

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Watkins Security Agency, Inc. 2235 Shannon PI SE, Washington, DC 20020 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 3939 Benning Rd., NE, Washington DC 20019 Richard Hamilton, President and CEO 3c. Tel. No. 3d. Cell No. 202-581-2871 202-581-2875 rhamilton@thewatkinsgroup.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Security Contractor Security services Washington, DC 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time armed and unarmed protective security officers employed by the 6b. Do a substantial number (30% Employer at the DC Lottery facility currently located at 2235 Shannon Place, SE, Washington, DC. or more) of the employees in the unit wish to be represented by the Excluded: office clerical employees, professional employees, managerial employees and supervisors as defined in the Petitioner? Yes [X] No [] Act. and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _ (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8d Cell No 8f. E-Mail Address 8e Fax No. 8c. Tel No. 8i, Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10d Cell No. 10b Address 10c Tel No 10f. E-Mail Address 10e Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Manual X Mail Mixed Manual/Mail 11a. Election Type: any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): N/A 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (Including local name and number) 9332 Annapolis Rd., Ste. 101, Lanham, MD 20706 Union Rights for Security Officers 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) None 12d. Tel No. 12e. Cell No. 12g. E-Mail Address 12f Fax No. sepheriasprattley.urso@gmail.com 202-320-6898 202-320-6898 301-505-3646 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a: Name and Title Sepheria Sprattley, URSO Business Representative 329 Meadow Way, Landover, MD 20785 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f E-Mail Address 202-320-6898 202-320-6898 301-505-3646 sepheriasprattley.urso@gmail.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Busus

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes. 1-2326976437

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
05-RC-226878	09-06-2018					

	RC PETITION					05-RC-226878 09-06-201			
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must be named in the pet	o accompanied ition of: (1) the p	by both a si etition; (2) \$	nowing of Interest (s Statement of Positio	see 6b below) an in form (Form NL	d a certifica .RB-505); ai	te of service st nd (3) Descripti	nowing service on on of Representation	
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Laboratory	ioner desires to be	certified as repre-	sentative of t	he employees. The P	etitioner alleges	that the fol	lowing circums	tances exist and	
2a. Name of Employer:		2b. Ac	idress(es) of	Establishment(s) Inv	olved (Street and	number, City	v. State, ZIP coo	(e):	
Golden Services, LLC.		72 1	Mitchell	Rd, Oak Ridg	e, TN 3783	0			
3a. Employer Representative - Nar	ne and Title:	3b. Ac	ldress (if san	ne as 2b - state same):				
Michelle Kyker, VP of E Operation	Business	721	Mitchell I	Rd, Oak Ridg	e, TN 3783	0			
3c. Tel. No.	3d. Cell No.		3e. Fax N	0.	3f. E-Mail /	Address			
865-804-1618					mkyke	r@golds	svcs.com		
4a. Type of Establishment (Factory,	mine, wholesaler, e	(c.)	4b. Princip	al Product or Service	9	5a. City a	nd State where	unit is located:	
Security Systems & Se	rvices .		Securi	ty Protection		Manass	sas, VA and	Fairfax, VA	
5b. Description of Unit Involved:				- Harris		6a. Numb	er of Employees	in Unit:	
Included:						40			
See attached page 2 for	or additional	details				10			
Excluded:								er (30% or more)	
See attached page 2 fo	r additional	details						e unit wish to be titioner? . Yes \(\square\) No	
Check One: 7a. Request for red			ve was made	on (Date)	an		declined recogn	The second secon	
on or about (Date)		(If no reply	received, so	state).		14, 53	35%		
☐ 7b. Petitioner is cu					on under the Act.				
8a. Name of Recognized or Certific	ed Bargaining Age	nt (Il none, so ste	ate) 8b. Ad	idress:					
NONE									
8c, Tel. No.	8d. Cell No.		Se. Fax N	o	8f. E-Mail A	Address			
8g. Affiliation, if any:			8h. Date of R	ecognition or Certific			urrent or Most (Month, Day, Yo	ear)	
9. Is there now a strike or picketing a	t the Employer's es	tablishment(s) in	olved? No	If so, appro	oximately how ma	ny employee	s are participat	ng?	
			110				er since (Month		
(Name of Labor Organization)					T-1			10 S TO 10 S T	
 Organizations or individuals other individuals known to have a representation. 	r than Petitioner an esentative interest i	d those named in n any employees	items 8 and In the unit de	9, which have claime escribed in item 5b ab	ove. (If none, so	state)	es and other org	ganizations and	
10a, Name	~[10b A	ddress		10 - 3 FA	10c. Tel. N	0.	10d. Cell No.		
Toa. Ivallie	100.7	001033			1.00. 1011				
	1				10e, Fax N	ln .	10f. E-Mail Ad	dress	
					100,100,1		10 2		
11. Election Detalls: If the NLRB co	advale and election	In this matter of	ata your pasi	llon with respect to a	av such election:	11a Floctic	TVD9:		
11. Election Details. If the NCRB CO	inducts and election	ini una matter, at	ato your posi	non with respect to a	rry such election.	Manu	Acceptance of the	Mixed Manual/Mall	
AT 61 2 6 173	iles 6	11/ Ti1-			114 Fleeti	on Location(-	ININEO MANOAMMAN	
11b. Election Date(s):		lection Time(s):	had		The second second second	determin			
To be determined	Control of the Contro	oe determir	ieu	I an Adding the	The state of the s				
12a. Full Name of Petitioner (included)				12b. Address (stree					
Federal Contract Guard				445 Park Av			0022		
12c. Full name of national or internat			itioner is an a	affiliate or constituent	(if none, so state)):			
Federal Contract Guard	ds of Americ	а							
12d. Tel. No.	12e. Cell No.	9	12f. Fax N	lo.	12g. E-Mai	Address			
212-541-3753			917-3	22-2105					
13. Representative of the Petitions	r who will accept	service of all pa	pers for pur	poses of the represe	entation proceed	ling.			
13a. Name and Title:			13b. Addr	ess (street and numb	er, city, State and	ZIP code):			
Guy James	••		445 Pa	rk Ave, New Y	ork, NY 1002	22			
13c Tel, No.	13d. Cell No.		13e. Fax I	Vo.	13f. E-Mail	Address			
212-541-3753	631-983-79	72	917-3	22-2105	gfjame	s@fcgo	a.com		
I declare that I have read the abov									
Name (Print)		Signature	7		Title			Date	
Guy James	10	/WT	m	-(KN)	President			9/6/2018	
		111					- C.		

Golden Services, LLC. - RC Petition - Supplemental Page Two

5b.

Included:

All full-time and regular part-time protective security officers performing guard duties, as defined by Section 9(b)(3) of the National Labor Relations Act, as amended, employed by the Employer and assigned to Federal office sites in Manasses, VA and Fairfax, VA, under the Employer's contract with the Federal Government.

Excluded:

All other employees, including administrative, clerical, supervisors, and non-guards, as defined by the National Labor Relations Act.

Name (Print)

Samuel J. Pasquarelli

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Signature

Case No. 5-RC-227255

Date Filed 9/13/18

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Maryland American Water Co. 1004 Baltimore Pike, Bel Air, MD 21014 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Barry Suits, President 260 Gateway Drive, Bel Air, MD 21014 3c. Tel. No. 3f. E-Mail Address 3d Cell No. 410-838-8404 Barry.Suits@amwater.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Public Utility Bel Air, MD 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All production and maintenance employees at the location in Item 2-b 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the all confidential secretaries, supervisors, quards and executives Petitioner? Yes ✓ No Check One: Request for recognition as Bargaining Representative was made on (Date) 03_19_2018 and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address Utility Workers Union of America, System Local 537 1300 L St. NW, Suite 1200 Washington DC 20005 8c. Tel No. 8d Cell No 8e. Fax No. 8f. E-Mail Address 201-446-5085 john.duffy@uwua.net 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Utility Workers Union of America, AFL-CIO Over 40 years ago 10-31-2019-5 year contract 9. Is there now a strike or picketing at the Employer's establishment(s) involved? _ If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c, Tel. No. 10d. Cell No. 412-355-0200 412-606-2041 Utility Workers United Association, Local 537 10e. Fax No. 535 Smithfield St, Suite 300, PghPA 15222 10f. E-Mail Address 412-261-6221 sjp@sgkpc.com 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail _ Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d Election Location(s): 6:00-8:30 AM and 2:30-5:00 PM Oct. 25, 2018 work location at Item 2-b above 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 535 Smithfield Street, Suite 300, Pittsburgh, PA 15222 Utility Workers United Association, Local 537 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12d. Tel No. 12e. Cell No. 12f Fax No. 12g. E-Mail Address 412-355-0200 412-606-2041 412-261-6221 sjp@sgkpc.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Samuel J. Pasquarelli, Attorney 13b. Address (street and number, city, state, and ZIP code) 535 Smithfield Street, Suite 300, Pittsburgh, PA 15222 13c. Tel No 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 412-355-0200 412-606-2041 412-261-6221 sjp@sgkpc.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

WILLFUL FALSE STATEMENT'S ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Attorney, Utility Workers United Association, Local 537

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	5-RC-227362	Date Filed 9/14/18				

RC PETITION						5-	RC-2273	52	9/14/18	
INSTRUCTIONS: Unless e-Filed employer concerned is located, the employer and all other partie Case Procedures (Form NLRB 4	The petition as named in t	must be accom the petition of: (panied by (1) the pe	both a sh ition; (2) S	owing of interest (tatement of Positi	(see 6b ion form	below) and (Form NL	d a certifica RB-505); an	te of service sh d (3) Description	owing service on on of Representation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	titioner desire	s to be certified a	as represe	ntative of th	e employees. The	Petition	er alleges	that the foll	owing circums	tances exist and
2a. Name of Employer: Wyndam Resorts Hotel 1	National I	Harbor			establishment(s) in Passage, Oxor					e):
3a. Employer Representative - Na Brennan Handfield- Gen			Same		e as 2b - state sam	ne):				
3c. Tel. No. 301-265-4200	3d. Cell No).		3e. Fax No 301-265			31. E-Mail A brennan		Id@wyn.co	m
4a. Type of Establishment (Factory Hotel		saler, etc.)		4b. Princip. Hosptal	al Product or Service ity	ce			d State where u Hill, Mary	
5b. Description of Unit Involved Included: All full-time and regular parameters and ground.	ert-time employ	rees employed by Resorts National I	the employ	rer and enga Nyndriam Re	ged in engineering, sorts:National Harbur	r.		6a. Number	er of Employees	in Unit:
Excluded: All clerical employees, defined by the Act	ell managerial i	employees, all pro	ofessional e	mployees, al	guards and supervis	sors		of the e	employees in the ented by the Pet	itioner? × Yes No
Check One: X 7a. Request for re on or about (Date) No F	Reply (If	no reply re	ceived, so	state).)9/14/13		d Employer	declined recogni	ition
8a. Name of Recognized or Certif None	ied Bargaini	ng Agent (If nor	ne, so state	8b. Ad	dress:					
8c. Tel. No.	8d. Cell No			8e. Fax No			8f. E-Mail A	ddress	***	
8g. Affiliation, if any:			8h	. Date of Re	ecognition or Certifi				urrent or Most (Month, Day, Yo	par)
9. Is there now a strike or picketing	at the Employ	yer's establishme	ent(s) invo	lved? No	If so, app				s are participatir	
(Name of Labor Organization) 10. Organizations or individuals oth individuals known to have a rep						ned reco	gnition as re	epresentativ	er since (Month, es and other org	
10a. Name	T	10b, Address		- 1		- 1	10c. Tel. No	o.	10d. Cell No.	
							10e. Fax No	0.	10f. E-Mail Add	dress
11. Election Details: If the NLRB on NLRB Election on Hotel		election in this m	natter, state	e your posit	on with respect to	any such	n election:	11a. Electio		Mixed Manual/Mail
11b. Election Date(s): 10/11/18		11c. Election Ti 2pm-5pm	ime(s):	7,111			11d. Electic Third Fl	on Location(s	s): incering/ M	aintenance Shop
12a. Full Name of Petitioner (inclu International Union of O	iding local rial perating I	me and number) Engineers, I	Local 9	9	12b. Address (stre 9315 Largo I	Dr. W	est. Upp	, State and I ber Marlb	zip code): ooro, Maryl	and 20774
12c. Full name of national or internal International Union of O			hich Petiti	oner is an a	ffiliate or constituer	nt (if non	e, so state)	;		
12d. Tel. No. 202 337 0099	12e. Cell N 202 744	9519		12f Fax No 202 625	7982			183@hot	mail.com	
13. Representative of the Petition 13a. Name and Title: Keith J. Graham	er who will a	ccept service o	1	13b. Addre	oses of the represss (street and num rgo Dr. West. T	ber, city,	State and	ZIP code):	nd 20774	
13c. Tel. No. 202 337 0099	13d. Cell N 202 744	9519		13e. Fax N 202 625	7982				mail.com	
I declare that I have read the above Name (Print)	ve petition ar	od that the state		e true to th	e best of my knov	Title				Date
Keith J. Graham		10//	Och	1/	m	Jorg	ganizer			09/14/18

Name (Print)

David L. Hickey

WILLFUL FALSE STATEMEN

UNITED STATES GOVERNMENT

	DO NOT WRITE	IN IMI
Case No. 5-RC-227	481	Date

ATION	ALL	AB	OR	RE	LAT	10	NS	BOARD
D	^	-	-	-			^	NI.

Filed 9/17/18 RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

2b. Address(cs) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 1700 G. St. NW., Washington, DC 20552 SecTek, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Wilfred Blood - CEO 1930 Isaac Newton Square Suite 100, Reston, VA 20190 3c Tel No 3d Cell No. 3f. E-Mail Address 703-435-0970 703-834-0124 wdblood@sectek.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service SECURITY AGENCY SECURITY Washington, DC 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SPECIAL POLICE OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY 6b. Do a substantial number (30% or more) of the employees in the SECTEK, INC @ 1700 G. ST. NW., WASHINGTON, DC 20552 unit wish to be represented by the Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT. Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). NONE 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address LEOSU 220 Old Country Road #2, Mineola, NY 11501 8f. E-Mail Address Bc. Tel No 8d Cell No. 8e. Fax No. 212-457-1010 leosunions@gmail.com 8h. Date of Recognition or Certification 8g. Affiliation, if any Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10c, Tel. No. 10d. Cell No. 10a. Name 10b. Address 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s) 11d. Election Location(s): 11b. Election Date(s): 6-8:00 AM & 2-4:00 PM 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) International Union, Security, Police and Fire Professionals of America (SPFPA) 25510 Kelly Road, Roseville, Mt 48066 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA) 12d. Tel No. 12e. Cell No. 12a. E-Mail Address 586-772-9644 organize@spfpa.org 586-772-7250 X111 586-872-5634 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Gordon Gregory, General Counsel 13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226 13e. Fax No. 13f. E-Mail Address 13c. Tel No. 313-964-2125 Gordon@UnionLaw.net 313-964-5600 ue to the best of my knowledge and belief. I declare that I have read the above petiti ents are

BVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

International President

Date

AN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

9/14/18

Title

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 5-RC-227685	Date Filed 9/17/18	_		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 620 Michigan Ave NE DC Washington 20064-0001 Catholic University of America 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 620 Michigan Ave NE DC Washington 20064-0001 Yvonne Evans 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (202) 319-6594 evansy@cua.edu 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: University Washington, DC 5b. Description of Unit Involved 6a. No. of Employees in Unit: 30 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 25510 Kelly Rd International Union, Security Police & Fire Professionals of America SPFPA and its Local 8c Tel No 8d Cell No 8e Fax No 8f. E-Mail Address (800) 228-7492 (916) 501-3174 (586) 772-9644 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 05/31/2018 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: <a> Manual <a> Mail <a> Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): At the Employers Facility 620 Michigan Ave NE, Washington, DC 20064 6:00 AM TO 7:30 AM & 2 00 PM TO 3:30 PM 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Steve Maritas

Law Enforcement Officers Security Unions LEOSU-DC, LEOS-PBA 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA 12g. E-Mail Address LEOSUDC@GMAIL.COM 12d. Tel No. 12e. Cell No. 12f. Fax No. (202) 486-8558 (202) 595-3510 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Organizing Director Steve Maritas 09/15/2018 16:19:02 Steve Maritas

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
5-RC-227685	9/17/18			

Employees Included

All full-time and regular part-time Special Police Officers SPO's performing guard duties as defined in Section 9(b)(3) of the Act employed by the Employer.

Employees Excluded

All other employees, office clerical employees, professional employees and supervisors as defined by the Act.

Friday, October 5, 2018

International Brotherhood of Teamsters

Teamster Local 570

12d, Tel No.

410-284-5081

Name (Print)

Moses Jackson

12a. Full Name of Petitioner (including local name and number)

13a. Name and Title Moses Jackson, Vice President

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRI	EIN
Case No. 5- RC- 227744	Dat

Conference Room

13b. Address (street and number, city, state, and ZIP code)

6910 Eastern Avenue, Baltimore, MD 21224

12b. Address (street and number, city, state, and ZIP code)

12g. E-Mail Address

13f. E-Mail Address

Team570@comcast.net

Team570@comcast.net

6910 Eastern Avenue, Baltimore, MD 21224

N INIO OFA	OL_		
Date Filed	120	R	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Carroll Home Services 2700 Loch Raven Road, Suite 200, Baltimore, MD 21218 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Eric Schmider/General Manager 2700 Loch Raven Road, Suite 200, Baltimore, MD 21218 3c. Tel. No. 3d, Cell No. 3e. Fax No. 3f. E-Mail Address 410-235-1066 410-387-7151 eschmide @carrollhomeservices.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Home and Oil Delivery Services HVAC Home Service/Oil Delivery Baltimore, MD 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time/part-time Service and Installation Techs 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other classifications, clerical, management, temporary employees and professional employees as defined by the act. unit wish to be represented by the Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _ and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. _ If so, approximately how many employees are participating? _ , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mixed Manual/Mail 11a. Election Type: Manual Mail any such election 11b. Election Date(s): 11c, Election Time(s): 11d. Election Location(s):

ON WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

12f. Fax No.

410-282-7185

13e. Fax No. 410-282-7185

Title

7:00 a.m. to 9:00 a.m. and 12:00 noon to 2:00 p.m.

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

12e. Cell No.

13d. Cell No.

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

Case No. 5-RC-227878

Date Filed 9/24/18

DO NOT WRITE IN THIS SPACE

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 7400 Boston Blvd. Springfield, VA 22153 KMN Mechanical 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Dwight Day, Owner/President same 3c. Tel. No. 3f. E-Mail Address 3d. Cell No. 3e. Fax No. 703-550-9888 703-550-7585 dwightday@kmnmechanical.com 5a. City and State where unit is located: Springfield, VA 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Mechanical Contractor 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: See attached Excluded: Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No See attached Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). on or about (Date) ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8c Tel No 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? N_0 (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: × Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): October 10, 2018 8a.m. to 10 a.m. employer's shop 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code). Steamfitters Local 602 8700 Ashwood Drive, Capitol Heights, MD 20743 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Association of Journeymen & Appprentices of the Plumbing & Pipefitting Indus. of the U.S. and Canada 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 12d, Tel. No. 301-333-2356 301-333-1730 Lu602ba1@uanet.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): O'Donoghue & O'Donoghue LLP, 5301 Wisconsin Ave. NW Suite 800 13a. Name and Title: Keith R. Bolek, Esq. Washington DC 20015 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 202-362-0041 202-362-2640 kbolek@odonoghuelaw.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Date Name (Print) 09/24/18 Keith R. Bolek Attorney

5b. Description of Unit Involved:

Included: All full-time and regular part-time service technicians, including apprentices and helpers, employed by the employer.

Excluded: All employees employed in the employer's office, shop, field, delivery, and HVAC supply departments, and all guards and supervisors as defined in the Act.

(b) (6), (b) (7)(C)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

FIRST AMENDED **RC PETITION** Case No. 5-RC-227878 Date Filed 9/27/18

DO NOT WRITE IN THIS SPACE

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the

the employer and all other partic Case Procedures (Form NLRB 4	es named in th	e petition of: (1)	the petition; (2)	Statement of Position	on form (Form N	RB-505); a	nd (3) Description of R	epresentation
PURPOSE OF THIS PETITION bargaining by Petitioner and Pe requests that the National Lab	titioner desires t	to be certified as	representative of	the employees. The i	Petitioner alleges	that the fo	llowing circumstances	
		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 7400 Boston Blvd. Springfield, VA 22153						
			b. Address (if sai same	me as 2b - state same	e):			
3c. Tel. No. 703-550-9888	3d. Cell No.		3e. Fax N 703-55				nmechanical.com	1
4a. Type of Establishment (Factory, Mechanical Contractor	, mine, wholesa	ler, etc.)	4b. Princi HVAC	pal Product or Service	е		nd State where unit is logfield, VA	cated:
5b. Description of Unit Involved: Included: See attached			'			6a. Numb	er of Employees in Unit:	
Excluded: See attached						of the	substantial number (30% employees in the unit wi sented by the Petitioner?	sh to be
Check One: 7a. Request for re on or about (Date)	(If no i	eply received, so	state).		d Employer	declined recognition	
8a. Name of Recognized or Certif None	ied Bargaining	Agent (If none,	so state) 8b. A	ddress:				
8c. Tel. No.	8d. Cell No.		8e. Fax N	8e. Fax No.		8f. E-Mail Address		
8g. Affiliation, if any:			8h. Date of F			8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
9. Is there now a strike or picketing (Name of Labor Organization)	at the Employer	's establishment(s) involved? No	If so, appro			es are participating? yer since (Month, Day, Y	ear)
10. Organizations or individuals other individuals known to have a repr							es and other organizatio	ns and
10a. Name	10	b. Address			10c. Tel. N	0.	10d. Cell No.	
					10e. Fax N	ο,	10f. E-Mail Address	
11. Election Details: If the NLRB co	onducts and ele	ction in this matte	r, state your pos	ition with respect to an	ny such election:	11a. Election		d Manual/Mail
11b. Election Date(s): October 13, 2018	1.	c. Election Time(:00 p.m. to 3		11d. Election Location(s): employer's shop				
12a. Full Name of Petitioner (inclui Steamfitters Local 602	ding local name	and number):		12b. Address (stree 8700 Ashwoo			ZIP code): ghts, MD 20743	
12c. Full name of national or interna United Association of Jou	tional labor orga irneymen &	nization of which Appprentic	Petitioner is an acces of the Pl	affiliate or constituent umbing & Pipe	(if none, so state) efitting Indus	of the	U.S. and Canada	
12d. Tel. No. 12e. Cell No. 12e. Cell No.			12f. Fax N 301-33	3-1730	12g, E-Mail Lu602b	al@uan	et.org	
13. Representative of the Petitiono 13a. Name and Title: Keith R. Bolek, Esq.	er who will acc	ept service of al	13b. Addre O'Dono Washing	ess (street and number ghue & O'Donog gton DC 20015	er, city, State and ghue LLP, 530	ZIP code): 11 Wiscon	nsin Ave. NW Suite	e 800
13c. Tel. No. 202-362-0041	13d. Cell No.		13e. Fax N 202-36	2-2640		Address Dodonog	huelaw.com	
declare that I have read the abov Name (Print)	e petition and t	Signature	nts are true to the	ne pest of my knowle	Title			Date
Keith R. Bolek		+ tu	KRou	-	Attorney			09/27/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

5b. Description of Unit Involved:

Included: All full-time and regular part-time service technicians and plumbers, including apprentices and helpers, employed by the employer.

Excluded: All employees employed in the employer's office, shop, field, delivery, and HVAC supply departments, and all guards and supervisors as defined in the Act.

(b) (6), (b) (7)(C

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

	DO NOT V	VRITE IN THIS SPACE	
Case No.	5-RC-228241	Date Filed	9/27/18

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1328 Charwood Rd Ste 100 MD Hanover 21076-3200 DHL, Express 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1328 Charwood Rd Ste 100 MD Hanover 21076-3200 Adam Scott 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address Adam.Scott-Foshee@dhl.com (410) 689-1810 (202) 701-5147 (480) 655-3167 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Package Delivery Hanover, MD 5b. Description of Unit Involved 6a. No. of Employees in Unit: 3 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 09/25/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 10/16/18 or earliest available date 9am-10am and 2pm-3pm secure location at company location 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Mark Garey
Truck Drivers, Helpers, Taxicab Drivers, Garage Employees and Airport Employees Local Union no. 355 1030 S Dukeland St MD Baltimore 21223-3381 12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address mgarey@teamsters355.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (410) 566-5700 (443) 631-1415 (410) 566-1485 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date **Business Agent** Mark Garey 09/27/2018 13:44:52 Mark Garey

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE	IN THIS SPACE
Case 5-RC-228241	Date Filed 9/27/18

Employees Included
All full time and Part time clerical employees

Employees Excluded all supervisors and managers as described in the act

DO NOT WRITE IN THIS SPACE UNITED STATES OF AMERICA FORM NLRB-502 (RC) NATIONAL LABOR RELATIONS BOARD (2-18)Case No. Date Filed **RC PETITION** 05-10-03-2018 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 11615 Crossroads Circle, Suite E, White Marsh, MD 21220 Brock Services, LLC 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Michael Bauguess, Operations Manager same 3d. Cell No. 3c, Tel, No. 3e. Fax No. 3f. E-Mail Address 443-228-1030 717-940-5927 mike.bauguess@brockgroup.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: construction mechanical insulation White Marsh, MD 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All mechanical insulators Excluded: Scaffolding, painting, abatement and carpenter employees and all supervisors as defined in the Act. Check One. x 7a. Request for recognition as Bargaining Representative was made on (Date) n/a and Employer declined recognition on or about (Date) n/a (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8b. Address: 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) n/a 8d. Cell No. 8c Tel No 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No (Name of Labor Organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mixed Manual/Mail Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 10/24/2018 2:00 - 4:00 p.m. White Marsh Library 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): International Association of Heat & Frost Insulators & Allied 901 Montgomery Street, Laurel, MD 20707 Workers, Local 24 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association of Heat & Frost Insulators & Allied Workers 12d. Tel. No. 12e Cell No 12f. Fax No. 12g. E-Mail Address 301-725-2400 301-467-1169 301-725-0804 mike.moneymaker@insulators24.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PONISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

13e. Fax No.

301-725-0804

Michael R. Moneymaker, Business Agent & Organizer

13d. Cell No.

301-467-1169

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

13c Tel No

Name (Print)

301-725-2400

Michael R. Moneymaker

13b. Address (street and number, city, State and ZIP code):

13f. E-Mail Address

Business Agent & Organizer

mike.moneymaker@insulators24.org

901 Montgomery Street, Laurel, MD 20707

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
5-RC-229341	10/16/18			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 11820 Parklawn Dr Ste 520 Hands-On, LLC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 451 N. Hungerford Dr Ste 119-344 MD Rockville 20850-5148 Crickett Thomas-O'Dell 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (301) 990-9765 Crickett.ODell@handson-llc net (518) 506-7920 (301) 618-0408 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation Bus/fleet servicing and cleaning Rockville, MD 5b. Description of Unit Involved 6a. No. of Employees in Unit: 98 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 08/27/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): November 7th, 8th or 9th 8am-1pm, 2-6:30pm, 7-9pm Teamsters Local Union 922 Hall, in DC 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Major Muhammad Teamsters Local Union 922 2120 Bladensburg Rd NE Ste 102 DC Washington 20018-1494 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address teamsters922@gmail.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (202) 526-9253 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Johnice Earle Business Agent Teamsters L.U. 922 2120 Bladensburg Rd NE Ste 102 DC Washington 20018-1494 13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address eiohnice@gmail.com (202) 526-9250 (202) 883-0196 (202) 526-9253 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Secretary-Treasurer Major Muhammad Major Muhammad 10/12/2018 11:25:08

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

Employees Included

They have work units in DC, MD, and VA. All bus cleaners, QAS's, and supervisors from the DC, Maryland, and Virginia work sites.

Employees Excluded

All rail cleaners and supervisors from the DC, Maryland, and Virginia work sites.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE								
5-RC-230029	Date Filed 10/29/18							

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

| 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Omniplex World Services Corporation Gemini Contract in Herndon, VA 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Mike Goodwin - Director Labor Relations 14151 Park Meadow Drive, Suite 300 Chantilly, VA 20151 3f. E-Mail Address 561-406-7971 mike.goodwin@constellis.com 4b. Principal product or service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) SECURITY AGENCY Herndon, VA SECURITY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 30 Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS AND ACCESS CONTROL 6b. Do a substantial number (30% OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS or more) of the employees in the ACT, EMPLOYED BY OMNIPLEX WORLD SERVICES CORPORATION @ THE GEMINI CONTRACT IN HERNDON, VA unit wish to be represented by the Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT. Petitioner? Yes / No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about NO (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address NONE 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10c. Tel. No. 10d Cell No. 10a. Name 10b Address 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b Election Date(s): MAIL MAH 11/15/18 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union, Security, Police and Fire Professionals of America (SPFPA) 25510 Kelly Road, Roseville, MI 48066 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA) 12e. Cell No. 12g. E-Mail Address 12d. Tel No 12f. Fax No. organize@spfpa.org 586-772-7250 X111 586-872-5634 586-772-9644 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Gordon Gregory, General Counsel 65 Cadillac Square, Suite 3727, Detroit, MI 48226 13e, Fax No. 13f. E-Mail Address 13c. Tel No. 313-964-5600 313-964-2126 Gordon@UnionLaw.net I declare that I have read the above petitig and that the statements are true to the best of my knowledge and belief. Name (Print) David L. Hickey International President WILLFUL FALSE STATEMENTS OF THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the

NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO N	OT WRITE IN THIS SPACE
Case No. 5-RC-230097	Date Filed 10/29/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3000 Center Business Center Dr Transit Management of Alexandria, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 3000 Center Business Center Dr VA Alexandria 22314-5205 Josh Baker 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (703) 746-5600 josh.baker@alexandria.gov 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation Transit Service Alexandria, VA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 123 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): November 15, 2018 4:30 a.m. to 7:00 a.m., 11:00 a.m to 2:00 p.m., 6:00 Training Room 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Daniel B. Smith Amalgamated Transit Union 10000 New Hampshire Ave 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
Amalgamated Transit Union 12g. E-Mail Address dsmith@atu.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (202) 714-4219 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION 10000 New Hampshire Ave MD Silver Spring 20903-1790 13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address dsmith@atu.org (301) 431-7100 (202) 714-4219 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Assistant General Counsel Daniel B. Smith 10/29/2018 12:15:36 Daniel B. Smith

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE							
Case	Date Filed						
5-RC-230097	10/29/18						

Employees Included

All full-time and regular part-time operators employed by the Employer at its Alexandria, VA facility.

Employees Excluded

All other employees, mechanics, dispatchers, office clerical employees, managers, guards, professional employees and supervisors as defined by the Act.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No. 5-RC-230274	Date Filed 11/1/18							

INSTRUCTIONS: Unless e-Filed usemployer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48	he petition must l named in the pet	e accompani ition of: (1) th	ied by bo ne petitio	oth a sh on; (2) S	owing of interest (se tatement of Position	e 6b below) a form (Form	and a NLRB	certificat -505); and	e of servic d (3) Desci	e sh	nowing se on of Rep	ervice on presentation
PURPOSE OF THIS PETITION: For bargaining by Petitioner and Petitioner and Laboratory Purpose of This Petitioner and	ioner desires to be	certified as rep	presenta	tive of th	ne employees. The Pe	titioner alleg	es tha	at the folk	owing circ	ums	stances e	
2a. Name of Employer:		2b.	. Addres:	s(es) of	Establishment(s) invol	ved (Street ar	nd nun	nber, City,	State, ZIP	coo	le):	
Concrete Pipe and Precas	t, LLC	38	3801 Cook Blvd., Chesapeake, VA 23323									
3a. Employer Representative - Nan	ne and Title:	3b.	. Address	s (if sam	e as 2b - state same):	(i)				_		
John Brabble												
3c. Tel. No.	3d. Cell No.	No. 3e. Fax No. 3f. E-Mail Address										
800-999-2278			50,0		7-2992							
4a. Type of Establishment (Factory, I	mine, wholesaler, e	etc.)			al Product or Service		331		d State who	ere i	unit is loca	ated:
Batch Plant			P	re-cas	t concrete produ	ucts	_	Chesapea		CONSTRUCTION		
5b. Description of Unit Involved: Included:							6	a. Numbe	r of Employ	yees	in Unit:	
Full- and regular part-time	e operators if	oreman d	nality	contr	ol & production	employe	es 2	20				
Excluded:				Contr	or ac production	cimpioye			ubstantial n			to be
Office clericals, managers Check One: 7a. Request for rec				e mada	on (Data)		and F		ented by the declined rec			× Yes No
on or about (Date)			ply recei				and L	inployer c	recimed rec	Jogn	iition	
☐ 7b. Petitioner is cui						n under the A	ct.					
8a. Name of Recognized or Certific	ed Bargaining Age	ent (If none, so	state)	8b. Ad	Idress:							
NONE												
8c. Tel. No.	8d. Cell No.		8e	. Fax No).	8f. E-Ma	il Add	ress		—		
Og Affiliation if any			Tob D	ata of D	accomition or Cortificat	tion 91 Evenin	ation [Data of Ci	mont or Me	o o t		
8g. Affiliation, if any:				8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)								
9. Is there now a strike or picketing a	t the Employer's es	stablishment(s)) involve	d?	If so, approx	imately how r	nany e	employees	s are partici	ipati	ng?	
(Name of Labor Organization)						, has picke	ted th	e Employe	er since (M	onth	, Day, Ye	ar)
 Organizations or individuals other individuals known to have a representation. 									es and othe	er org	ganization	s and
10a. Name	10b. A	Address				10c. Tel.	No.		10d. Cell N	No.		
NONE												
						10e. Fax	10e. Fax No. 10f. E-Ma			ail Address		
11. Election Details: If the NLRB co	nducts and election	n in this matter	, state yo	our posit	tion with respect to any	y such election	n: 11	a. Election	n Type:			
	300					-0.		× Manua	l Mai	1	Mixed	Manual/Mail
11b. Election Date(s):		lection Time(s				100000000000000000000000000000000000000		Location(s	s):			
November 30, 2018		0 a.m. to	2:00 p	m	Carrier and the same	Break						
12a. Full Name of Petitioner (include Public Service Employees	14개				12b. Address (street 5627 Allentow					ıgs.	, MD 2	0746
12c. Full name of national or internat			Petitione	ris an a	Iffiliate or constituent (if none, so sta	ite):					
Laborers' International Un		America	Lin			1						
12d. Tel. No. 301.316.4888	12e. Cell No.		12	f. Fax N	0.	12g. E-N	//ail Ac	ddress				
13. Representative of the Petitione	r who will accept	service of all										
13a. Name and Title: Brian Petruska, Counsel					ess (street and number reedom Drive., F				0190			
13c. Tel. No.	13d. Cell No.		13	e. Fax N	lo.	13f. E-M	lail Ad	dress		_		
703-860-4194			70	03-86	0-1865	bpetru	uska		una.org			
I declare that I have read the above Name (Print)	petition and that	the statemer Signature	nts are t	rue to th	ne best of my knowle	dge and beli	ef.				1	Date
Brian Petruska		/s/Brian .	J. Petr	uska		Counsel						11/1/18
						12				$\overline{}$		

(2-18)

7574409434

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

HRDC

PAGE 02

RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 5-RC-230425	Date Filed 11/5/18						

INSTRUCTIONS: Unless e-Filed i employer concerned is located, the employer and all other partie Case Procedures (Form NLRB 40	s named in the p	atition of: (1) the n	by both a s	Stowing of Interest (s Stotement of Booklo	see 6b below) an	d a certifica	te of service	showing:	service on	
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pe	RC-CERTIFICAT tioner desires to b	ON OF REPRESE!	NTATIVE -	A substantial number of	of employees wisi	to be repre	sented for pur	poses of c		
2a. Name of Employer: ITS Technology & Logis ConGlobal		2b. Ad	dress(es) a	f Establishment(s) invoic Ave., Chesape	olved (Street and	number Cih				
3a. Employer Representative - Na Anthony Lee, Terminal A	ne and Title Ianager		dress (if sade as abo	me as 2b - state same ove)):				TATALLA III	
3c. Tel. No. 757-275-1274	3d. Cell No.	3e. Fax No. 708-688-1048 3f. E-Mail Address							TYPRAMIUM I	
4a. Type of Establishment (Factory, railroad terminal	mine, wholesaler,	etc.)	4b. Princi load &	pal Product or Service offload interme	odal units	5a. City an	d State where	unit is loc	ated:	
5b. Description of Unit involved: Included: All terminal operators, ga Excluded: All office, watchmen, gua					ned by Act	6a. Numbe 17 6b. Do a si	er of Employee	es in Unit:	or more)	
Check One: 7a. Request for recon or about (Date) 7b. Petitioner is cut Ba. Name of Recognized or Certifie	ognition as Barga rently recognized	ining Representative (If no reply notes Bargaining Repr	e was made eceived, so resentative	e on (Date) Octobe	er 3, 2018 and	represe	ented by the P leclined recog	etitioner?	× Yes □ No	
none										
Sc. Tel. No.	8d. Cell No.	*****	8e, Fax N	0.	8f. E-Mall A	ddress		- Contract		
3g. Affiliation, if any:				ecognition or Certifica	tion 8i. Expiratio	n Date of Cu tract, if any (rrent or Most (Month, Day, 1	Year)		
Is there now a strike or picketing a (Name of Labor Organization)	the Employer's e	stablishment(s) invo	No No	If so, approx	kimately how man	,			ear)	
 Organizations or Individuals other individuals known to have a repre none 	than Petitioner ar sentative interest	nd those named in it in any employees in	tems 8 and the unit de	9, which have claimed escribed in item 5b abo	recognition as re	presentative			15.754	
Oa. Name	10b. /	Address	T-APPRAILE			10c. Tet. No.		10d. Cell No.		
			10e. Fa			o. 10f. E-Mail Address				
11. Election Details: If the NLAB con	nducts and electio	n in this matter, stat	e your posi	tion with respect to an	y such election:	11a. Election		Mixed	l Manual/Mail	
1b. Election Date(s): a Monday in November 20	11c. E 8 a.s	Election Time(s): m. to 10 a.m.				on Location(s): reak room at work site				
2a. Full Name of Petitioner (includ LA Local 1970	ing local name and	d number):		12b. Address (street 3300 East Prin	and number, city, cess Anne R	State and Z Load, Nor	rfolk, VA	23502		
2c. Full name of national or internati International Longshorem	onal labor organiz en's Associat	ation of which Petiti	ioner is an a	L affitiate or constituent (if none, so state):		Į.	-		
12d. Tel. No. 757-852-9304	12e. Cell No. 757-348-365	57	12f. Fax N	lo.	12g. E-Maii kevbasni		hoo.com			
3. Representative of the Petitione 13a. Name and Title: Kevin Basnight, President, II			13b. Addre	poses of the represent ess (street and number ast Princess Anne	r, city, State and a	ZIP code):	502			
13c. Tel. No. 757-852-9304	13d. Cell No. 757-348-365	90	13e. Fax h		13f. E-Mail / kevbasni		hoo.com			
declare that I have read the above Name (<i>Print</i>) Kevin Basnight	petition and tha	t the statements a		777	oge and bellef. Title President, I	LA Loca	1 1970		Date 10-31-18	
		y war	400	nyw					- 2/10	

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

ON Case No. 5-RC-2305

Case No. 5-RC-230513

DO NOT WRITE IN THIS SPACE

Date Filed 11/5/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Alutiig Pacific, LLC. 4114 Legato Road, Suite 380, Fairfax, VA 22033 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): David Hoover, HR Manager 1009 Bankton Circle, Hanahan, SC 29410 3d, Cell No. 3e. Fax No. 843-377-1772 843-819-8260 DHOOVER@ALUTIIO.COM 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Security Systems & Services Security Protection Fort Meade, Maryland 5b. Description of Unit Involved: 6a, Number of Employees in Unit: Included: See attached page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes Excluded: See attached page 2 for additional details Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: NONE 8c. Tel. No. 8d. Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, If any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative Interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a. Name 10b Address 10c Tel No 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type. Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(a): TBD TBD Mail Ballots 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Federal Contract Guards of America 445 Park Ave, New York, NY 10022 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): NONE 12d. Tel. No. 12g. E-Mail Address 12e. Cell No. 12f. Fax No. 212-541-3753 917-322-2105 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Guy James, President 445 Park Ave, New York, NY 10022 13e. Fax No. 13c Tel No. 13d, Cell No. 13f, E-Mail Address 212-541-3753 631-983-7972 917-322-2105 gfjames@fcgoa.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

RC Petition - Alutiiq Pacific, LLC.

5b.

Included:

All full-time and regular part-time Security Officers performing guard duties, as defined by Section 9(b)(3) of the National Labor Relations Act, as amended, employed by the Employer and assigned to Fort Meade, Maryland, on the Employer's contract with the Defense Information Systems Agency.

Excluded:

All other employees, including administrative, clerical, supervisors, and non-guards, as defined by the National Labor Relations Act.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
OS-RC-230900	Date Filed 11-13-2018							

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: SDAC Facilites Services 1775 Duke Street, Alexandria, VA 22314-3428 3b. Address (if same as 2b - state same): 3a. Employer Representative - Name and Title: 910 Landline Road, Selma, AL 36701 Ryan O'Shea 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. roshea@sdacfacilitesservices.com 571-317-5195 same 4b. Principal Product or Service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Facilities Maintenance Alexandria, VA Federal Office Building 6a. Number of Employees in Unit: 5b. Description of Unit Involved: Included: All full-time and regular part-time employees employed by the employer and engaged in facilities maintenance 6b. Do a substantial number (30% or more) Excluded: All clerical employees, all managerial employees, all professional employees, all guards and supervisors are defined by the AcL of the employees in the unit wish to be represented by the Petitioner? Yes and Employer declined recognition Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) 11-10-2018 on or about (Date) declined (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: none 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8c. Tel. No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none 10c Tel No. 10d. Cell No. 10b. Address 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Mixed Manual/Mail X Manual Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): Maintenance Break Room 12-10-2018 1200-100pm 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 9315 Largo Drive West, Upper Marlboro, MD 20774 International Union of Operating Engineers, Local 99 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers 12f. Fax No. 12g. E-Mail Address 12d. Tel. No. 12e. Cell No. 240-716-9656 organizers@iuoelocal99.org 202-253-5440 202-253-5440 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 9315 Largo Drive West, Upper Marlboro, MD 20774. Eamon Clifford 13f. E-Mail Address 13e. Fax No. 13c, Tel, No. 13d Cell No. organizers@iuoelocal99.org 240-716-9656 202-253-5440 202-253-5440 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Title Name (Print) Signature, 11-13-18 Lead Organizer Eamon Clifford

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No.

5-RC-231621

Date Filed 11/26/18

DO NOT WRITE IN THIS SPACE

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION. RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 7709 Delano Road, Clinton MD 20735 2a. Name of Employer: Absolute Contracting Services, Inc. 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Russell Dunlap, President same 3c. Tel. No. 301-877-5200 3d Cell No. 3f. E-Mail Address 3e. Fax No. 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service construction contracting company Clinton, MD construction 5b. Description of Unit Involved: 6a. Number of Employees in Unit All full-time & regular part-time craftsmen, including carpenters, painters, and laborers Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes Office clericals, management employees, guards, and supervisors Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10b. Address 10c, Tel. No. 10d. Cell No. 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): December 21, 2018 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number); Construction Workers United, Local 202 11951 Freedom Drive Suite 310, Reston. VA 20190 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Laborers' International Union of North America 121. Fax No 12g. E-Mail Address 12e. Cell No. 703-860-1865 703-860-4194 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Brian Petruska, General Counsel 11951 Freedom Drive Suite 310, Reston, VA 20190 13e. Fax No. 13d. Cell No. 13f. E-Mail Address 13c. Tel. No. 703-860-1865 bpetruska@maliuna.org 703-860-4194 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) Date Brian Petruska General Counsel

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRIT	E IN THIS SPACE	E	
Case No. 5-RC-231755	Date Filed	11/28/18	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3325 Toledo Road MD Hvattsville 20782 MV Transportation, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 6505 Belcrest Road MD Hyattsville 20782 John Gray 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address john gray@mvtransit.com (443) 763-1117 (443) 763-1117 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation Passenger Transportation Hyattsville, MD 5b. Description of Unit Involved 6a. No. of Employees in Unit: 80 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ___ Manual ___ Mail ___ Mixed Manual/Mail any such election. 11b. Élection Date(s): December 28, 2018 (Ballots Mailed Out) 11c. Election Time(s): 11d. Election Location(s): N/A N/A 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Daniel B. Smith Amalgamated Transit Union 10000 New Hampshire Ave 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
Amalgamated Transit Union 12g. E-Mail Address dsmith@atu.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (202) 714-4219 (301) 431-7116 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION 10000 New Hampshire Ave MD Silver Spring 20903-1790 13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address dsmith@atu.org (301) 431-7100 (202) 714-4219 (301) 431-7116 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Assistant General Counsel Daniel B. Smith 11/28/2018 10:56:47 Daniel B. Smith

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE						
Case	Date Filed					

Employees Included

All full-time and regular part-time WAV drivers employed by the Employer at and out of its Hyattsville, MD facility.

Employees Excluded

All other employees, dispatchers, office clerical employees, managers, guards, professional employees and supervisors as defined by the Act.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

Case No. 5-RC-231986 Date Filed 12/3/18

DO NOT WRITE IN THIS SPACE

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on

the employer and all other partie Case Procedures (Form NLRB 4										
PURPOSE OF THIS PETITION bargaining by Petitioner and Pe requests that the National Lai	titioner desires to be certified	as representative of	the employees. The	Petitioner alleges	that the foll	owing circui	mstances e			
2a. Name of Employer: Facilities Services Mana	gement, Inc.	Pentagon Mer	tb. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Pentagon Memorial, Pentagon Washington, DC 22202							
3a. Employer Representative - Na Howard Johnson, Project			Address (if same as 2b - state same): 31 Progress Drive, Clarksville, TN 37040							
3c, Tel. No. 931-552-7044	3d. Cell No. 703-254-8932	3e, Fax N 931-55	io. 52-7074	3f. E-Mail A	ddress					
4a. Type of Establishment (Factory Facilities Maintenance	, mine, wholesaler, etc.)		pal Product or Servi al Maintenance			d State when				
5b. Description of Unit Involved: Included: All full-time and regular part-textuded: Office Clericals, manage	time cleaning and genera				5 6b. Do a se of the e	er of Employe ubstantial nur	mber (30% i	h to be		
Check One: 7a. Request for re on or about (Date	ecognition as Bargaining Rep (if) (If currently recognized as Bargai	resentative was made no reply received, so ining Representative	e on (Date)		The second second second	ented by the F	The board of the barriers and the second	× Yes No		
8c. Tel. No.	8d. Cell No.	8e. Fax N	lo.	8f. E-Mail A	ddress					
8g. Affiliation, if any:		8h. Date of F	Recognition or Certif			arrent or Mos (Month, Day,				
9. Is there now a strike or picketing (Name of Labor Organization) 10. Organizations or individuals oth individuals known to have a rep	er than Petitioner and those r	named in items 8 and	9, which have claim		the Employe	er since (Mon	nth, Day, Ye			
10a. Name None	10b, Address	proyees in the trint to	escribed in item 35 a	10c. Tel. No.).	10d. Cell No				
11. Election Details: If the NLRB of	conducts and election in this n	natter, state your pos	ition with respect to	any such election:	11a. Election		□Mixed	f Manual/Mail		
11b. Election Date(s):	11c. Election T	ime(s):		11d. Election	11d. Election Location(s):					
12a. Full Name of Petitioner (inch. Public Service Employee):		eet and number, city In Road, Suite 2 S, MD 20746		ZIP code):				
12c. Full name of national or international U			affiliate or constituer	nt (if none, so state).	1			9		
12d. Tel. No. 301-316-4888	12e. Cell No.	12f. Fax N	No.	12g. E-Mail local572@	Address Dyahoo.co	m				
13. Representative of the Petition 13a. Name and Title: Brian Petruska, General Co		13b. Addr 11951 I	poses of the representation of the sessent street and numer Freedom Drive 10, Reston, VA	ber, city, State and						
13c, Tel. No. 703-860-4194	13d. Cell No.	13e, Fax I		13f. E-Mail	Address					
I declare that I have read the abo		-	he best of my know							
Name (Print)	Signatur	re 7 / P	11	General Co	unsel			Date 12/15		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Date 11/26/201

Name (Print)

Kent Emery

GUSP

UNITED STATES OF AMERICA

DO NOT WRITE IN THIS SPACE

FORM NURB-502 (RC)	ONTE	DOINIESOFA	MERICA	1							
(2-18) NATIONAL LABOR RELATIONS BOARD RC PETITION				Case No.	5-R0	C-23203	33	Date Filed 12/4/18			
INSTRUCTIONS: Unless e-Filed to employer concerned is located. I the employer and all other partie Case Procedures (Form NLRB 48	The petition is named in t	must be accomp be petition of: (1	anied b	y both a sh tition; (2) S	owing of interest (statement of Position	see 6b belo on form (Fo	ow) and orm NLR	a certificat B-505); and	e of service d (3) Descrip	legion in which the showing service on ation of Representation	
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pe	RC-CERTIFI	CATION OF REP to be certified as	PRESEN s repres	TATIVE - A entative of the	substantial number ne employees. The F	of employee Petitioner a	es wish t	to be repres	ented for pur owing circui	rposes of collective mstances exist and	
2a. Name of Employer: GoldenSvcs LLC			2b. Acc 1050	b. Acdress(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 0501 Furnace rd. Lorton, VA 22079							
3a. Employer Representative - Na Sheila Seabolt	3b. Add 5904	b. Address (If same as 2b - state same): 904 Old Richmond Hwy Alexandria, VA 22079									
3c. Tel. No. 3d. Cell No.				3e. Fax No. 866-26.	5-7304	3f. E	-Mail Ad	Idress		The state of the s	
4a. Type of Establishment (Factory, Government Building	mine, whoie.	saler, etc.)		4b. Princip Securit	al Product or Service y	e		Lorton,	, VA	e unit is located	
5b. Description of Unit Involved: Included: ALL armed and unarmed	officers	and Sergean	ts					5a. Numbe 7	r of Employe	es in Unit:	
Excluded: All office personal, Capta				_				of the e	mployees in	mber (30% or more) the unit wish to be Petitioner? X Yes No	
Check One 7a. Request for re on or about (Date) 7b. Petitioner is cu	irrently recog	(If no nized as Bargaini	o reply re ing Repr	eceived, so resentative a	state).	on under th		Employer d	leclined reco	gnition	
8a. Name of Recognized or Certifi Governed United Security			so sta	5602	dress: 2 Baltimore- N	lational 1	Pike s	suite 607	Balt, N	ID 21228	
ac, Tel, No. 443-304-2018	8d, Cell No 443-562			8e. Fax No 443-30			-Mail Ad eme@	ldress yahoo.c	om		
8g. Affiliation, if any: NONE			8	Sh. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
Is there now a strike or picketing a (Name of Labor Organization)	at the Employ	er's establishmer	nt(s) invo	olved?	If so, appre				are particip	ating? nth, Day, Year)	
Organizations or individuals other individuals known to have a representation.						ed recognition	on as rep	cresentative			
10a. Name		10b. Address	7.4		10000	10c.	Tel. No.		10d. Cell No	D.	
						10e.	Fax No	o 10f. E-Mail Address			
11. Election Details: If the NLRB co	onducts and e	election in this ma	tter, sta	te your posit	ion with respect to a	my such ele	ction: 1	1a. Election Manua	and the same	Mixed Manual/Mail	
11b, Election Date(s): 12/15/2018		11c, Election Tirr	ne(s):	160	7.7	11d.	Election	Location(s		Mixed Mandahwan	
12a. Full Name of Petitioner (Inclui Governed United Security	ding local nai y Profess	ne and number): ionals			12b. Address (stree 5602 Baltimo	et and numb ore-Natio	ber, city, onal P	State and Z like suit	ilP code): se 607 Ba	alt, MD 21228	
12c. Full name of national or interna	tional labor o	rganization of whi	ich Petit	ioner is an a	ffiliate or constituent	t (if none, so	state):				
12d, Tel. No. 443-304-2018	12e. Cell N 443-562	2-3032		12f. Fax N 443-304	4-2855	kle	-	yahoo.c	om		
13. Representative of the Petitions 13a. Name and Title: Kent Emery/ President	er who will a	ccept service of	all pap	13b. Addre	ooses of the represess (street and numb litimore-Nation	er, city. Sta	ite and Z	IP code):	MD 2122	8	
13c, Tel. No. 443-304-2018	13d. Cell N 443-562	2-3032		13e. Fax N 443-304	4-2855	kle	-	ddress yahoo.co	om		
I declare that I have read the abov	e petition ar	d that the stater	ments a	re true to th	e best of my know	ledge and I	belief.		7		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Signature

Title

President

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2003). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 5- RC - 233146	Date Filed 19			

			X			9,92			
INSTRUCTIONS: Unless e-Filed employer concerned is located the employer and all other part Case Procedures (Form NLRB	The petition must i es named in the pe	be accompanied i Ution of: (1) the p	by both a s etition; (2)	howing of Interest (se Statement of Position	e 6b below) an form (Form NL	d a certifica .RB-505); an	te of service showing d (3) Description of R	service on epresentation ~	
PURPOSE OF THIS PETITION bargaining by Petitioner and Pe requests that the National La	titioner desires to be	certified as repres	entative of	the employees. The Pe	titioner alleges	that the fol	lowing circumstances		
2a. Name of Employer:	70-70-70-70-70-70-70-70-70-70-70-70-70-7	2b. Ad	dress(es) of	Establishment(s) invol	ved (Street and	number, City	, State, ZIP code):		
100			1331 Pennsylvania Ave NW, Washington, DC 200041						
3a. Employer Representative - Name and Title: 3b. A			b. Address (if same as 2b - state same):						
			Same						
3c. Teł. No. 3d. Cell No. 202-393-2000			3e. Fax No. 3f. E-Mail A marnie.			address ganeshan@marriott.com			
4a: Type of Establishment (Factor)	, mine, wholesaler, e	etc.)	4b. Principal Product or Service			5a. City and State where unit is located:			
Hotel	2 10-1		Hotel			Washington, DC			
5b. Description of Unit Involved: Included:			•			6a. Number	er of Employees in Unit		
See attached								9 E- 11	
Excluded: All clearical employees, all managers, all guards and			I supervisors are defined by the act.			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 🗓 Yes 📗 No			
Check One: X 7a. Request for on or about (Dat	e) No reply	(If no reply	received, so		-	d Employer	declined recognition	1.901	
Ba. Name of Recognized or Certi				ddress:	dider the Act.				
None	•	,							
8c, Tel. No.	8d. Cell No.		8e. Fax No.		8f. E-Mail	8f. E-Mail Address			
8g. Affiliation, If any:			h. Date of F	h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year).			8 (S) (N) (S) -		
Is there now a strike or picketing (Name of Labor Organization)	at the Employer's es	stablishment(s) Inv	olved? No	If so, approx	G (15)		s are participating?. er since (Month, Day,)	'ear)	
10. Organizations or individuals of individuals known to have a rep							es and other organizati	ons and	
None	1250				140: Til N	-	404 Call No.		
10a. Name	106, 4	Address			10c. Tel. N		10d. Cell No.		
	N-200311120-17011		10e. F			*			
11. Election Details: If the NLRB	conducts and election	n in this matter, sta	ite your pos	ition with respect to any	y such election:	11a. Electio		d Manual/Mail	
11b. Election Date(s):	11c. E	lection Time(s):	[11			11d. Election Location(s):			
January 16, 2019 . 7 am to 8am and			1 3pm or 4pm mainter			nance bre	ak room		
12a. Full Name of Petitioner (incl				.12b. Address (street	Color to the color of the color				
International Union of C	5.0	100	99	25			er Marlboro,MD	20774	
12c. Full name of national or intern	ational labor organiz	ation of which Dati	tioner is an	affiliate or constituent /	if none so state	1.			
International Union of C	47 Territor (120 - 120) (140) (170) (180)		MOTION IS ATT	annate of constituent [ii none, so sialo,	,	8-JE		
12d. Tel. No.	12e. Cell No.	0.000	12f. Fax N	No.	12g. E-Ma	Address	- Total Control Contro		
202-337-0099	202-253-54	40	240-71	6-3956	clifford	@iuoelo	cal99.org	· ·	
13. Representative of the Petitio	ner who will accept	service of all pap							
13a. Name and Title: Earnon Clifford Lead Organizer		13b. Address (street and number, city, State and 2 9315 Largo Drive West #200 Upper M				MD 20774			
42. T-1 No.	1424 05045		120 50		1426 E 14-7	Addes			
13c, Tel, No.	13d, Cell No.	to	13e. Fax No.		13f. E-Mail Address eamonclifford@iuoelocal99.org			47	
202-337-0099	202-253-544		240-716-3956 ements are true to the best of my knowled						
Name (Print)	ve pennon and that	Signature	ue and to t	and beat of my knowle	Title			Date	
Eamon Clifford		Ear C			Lead Organizer			12-20-18	

Unit Description for Representation Petition at JW Marriot, Washington, DC.

All fulltime and regular part-time employees employed by the employer engaged in building maintenance and engineering, including all painters and engineers 1 and engineers 2.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

| DO NOT WRITE IN THIS SPACE | Case No. | Date Filed | 12/10/18 |

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Various, including Gaylord Hotel and Convention Center, Marriott Marquis. Audio Visual Services Group, Inc. d/b/a **PSAV** Presentation Services and Trump International Hotel 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): 10110 Senate Drive, Lanham, MD 20706 Michael Borris, Director of Event Technology 3f. E-Mail Address 3e. Fax No. 3c. Tel. No. 3d Cell No. mborris@psav.com (317) 577-0255 5a. City and State where unit is located: Washington DC metro area 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Audio-visual services Audio-Visual Services 6a. Number of Employees in Unit: 5b. Description of Unit Involved: 30 included: See Attachment A 6b. Do a substantial number (30% or more) of the employees in the unit wish to be Excluded: See Attachment A represented by the Petitioner? X Yes Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). on or about (Date) 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8f. E-Mail Address 8e. Fax No. 8c Tel No. 8d Cell No. 8i. Expiration Date of Current or Most 8h. Date of Recognition or Certification 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? N_0 If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10d. Cell No. 10b. Address 10c Tel No 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: Mixed Manual/Mail Mail Ballot Manual X Mail 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): N/A Dec. 20-Jan. 10, 2019 N/A 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number). 1810 Hamlin Street, NE International Alliance of Theatrical and Stage Employees, Washington, DC 20018 Local 22 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Alliance of Theatrical and Stage Employees, AFL-CIO 12g. E-Mail Address 12e. Cell No 301 996 6543 202 269 0212 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code):
O'Donoghue & O'Donoghue LLP, 5301 Wisconsin Ave. NW, Washington DC 13a. Name and Title: Jennifer R. Simon, Attorney for Local 22 20015 13f. E-Mail Address 13e. Fax No. 13d. Cell No. 13c, Tel, No. jsimon@odonoghuelaw.com 202 362 3640 202 362 0041 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Signature Name (Print) 12/07/18 Attorney Jennifer R. Simon

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Attachment A to RC Petition: PSAV and IATSE Local 22 December 7, 2018

Unit Description:

Included: All full time and regular part time riggers, lead riggers, and rigging supervisors

working on jobsites in the geographic jurisdiction of IATSE Local 22 (the greater metropolitan Washington DC area) except for those otherwise covered by a

Collective Bargaining Agreement with Local 22.

Excluded: All other employees, including all guards, supervisors, and office clericals as

defined in the Act.

Dwayne Phillips

UNITED STATES GOVERNMENT

DO NOT WRIT	IN THIS SPACE			
5-AC-232476	Date Filed 1 a n r8			

	TITION		5-QC-	23247	(o	19/1/18	
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region							
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate							
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form							
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed							
with the NLRB and should not be	served on the emplo	yer or any	other party.	Sallening Controller	A		
PURPOSE OF THIS PETITION: RC-CI bargaining by Petitioner and Petitioner	RTIFICATION OF REPR	ESENTATIVI epresentative	E - A substantial number of the employees. The I	Petitioner alleges ti	hat the follow	ing circumstances exist and	
2a. Name of Employer	requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)						
Maxsent		6100 W	Vabash Ave., Baltim	ore, MD 21215			
3a. Employer Representative – Name and Title Todd Pattison			3b. Address (if same as 2b – state same) 185 Admiral Cochrane Dr. Suite 220, Annapolis, MD 21401				
3c. Tel. No.	3d. Cell No.		3e. Fax No. 3f. E-Mail Address				
443-221-2750	<u> </u>		443-926-9929			maxsent.com	
4a. Type of Establishment (Factory, mine, SECURITY AGENCY	사용 전문에 다시하게 하는 사람이 하는 아는				ity and State where unit is located: more, MD		
6b. Description of Unit Involved					A SALES OF THE SAL	6a. No. of Employees in Unit:	
Included: ALL FULL-TIME AND PAR						67	
unit wish to be represented by the						or more) of the employees in the unit wish to be represented by the	
Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT. Petitioner? Yes 7 No							
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) NONE and Employer declined recognition on or about (Date) (If no reply received, so state).							
8a. Name of Recognized or Certified Ba	currently recognized as 8s rgaining Agent (If none,		8b. Address	certification under th	e ACL		
Bc. Tel No.	8d Cell No.	-	8e. Fax No.		8f. E-Mail A	idress	
					200		
8g. Affiliation, if any		8				Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the B	mployer's establishment(s) involved?	NO If so, approxi	mately how many e	mployees are	participating?	
		Life .					
10. Organizations or individuals other than known to have a representative interest in	Petitioner and those nam	ed in items 8	and 9, which have claims	ed recognition as rep	presentatives a	nd other organizations and individuals	
NONE 10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.	
i va. wante	Tob. Addless		//	100. 10. 110.		Tod. Cell III.	
USOA P.O. BOX 11373,Ba		1373,Balt	imore, MD 21239	39 10e. Fax No.		10f. E-Mail Address Ideans@gmail.com	
 Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 			11a. Election Type: Manual Mail Mixed Manual/Mail				
11b. Election Date(s): 11c. Election Time(s): 12/27/18 6-8 A.M. & 2-4 P.M.				11d. Election Location(s): Breakroom			
12s. Full Name of Petitioner (including local name and number) international Union, Security, Police and Fire Professionals of America (SPF			PA)	12b. Address (street 25510 Kelly Road,	r, cily, state, and ZIP code) 48066		
12c. Full name of national or international International Union, Security, Police and				(if none, so state)			
12d. Tel No. 12e. Cell No. 586-772-7250 X111 586-872-5634			12f. Fax No. 586-772-9644		12g. E-Mail Address organize@spfpa.org		
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.							
13a. Name and Title Gordon Greg	ory, General Co	unsel	13b. Address (street end 65 Cedilec Square, Suite 37)	나는 아이는 가지가 있는데 그렇게 되어 한 번째 하다. 네란 게 하다.	and ZIP code		
13c. Tel No. 313-964-5600	o. 13d. Cell No. 13		13e. Fax No. 313-964-2125		13f. E-Mail Address Gordon@UnionLaw.net		
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.							
Name (Print)	ighature (a)	111	Title		Date		

ps Organizing Director 12/7/18
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.